MARGIN RESERVED FOR BINDING

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03762
state UPA-	1. PLACE OF DEATH	92-0
OCC	County Balti	Registration Dist. No. 42
=	Village or City English Bangel	No. July Col. St., Ward
9	(If Length of residence in city or town where death occurredwrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
YSICIANS	4.11: 601	Dan -
tem /	2. FULL NAME Surve 6 and	
YS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
_ /	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ahr 49 1/32
L Y	Tomale White OR DEVORCED (write the word)	(Month) (Day) (Year)
fed.	5a. If married, widowed, or divorced HUSBAND of	22. // LHEREBY CERTIFY. That A wheelded deceased from
X A C	(or) WIFE of Var Marcula alleme	22. HEREBY CERTIFY, That I shended deceased from
	6. DATE OF BIRTH (month, day, and year) from 8/54	I last saw h alive on AD19; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at
stated properl ertifica	7 (3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	8 Trade profession or particular	Date of one et
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	min 1 de la 1130
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
sho it r		
	this occupation (month and spant In this occupation	
plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) MM	Other Contributory Causes of importance:
s, s ruc	(State or country)	pd Run
upplied terms, instru	13. NAME Cloner Prodon	
# 2	14. BIRTHPLACE (city or town)	Name of operation Date of
lly sign	(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
carefully 'H in pla ortant.	15. MAIDEN NAME CONNECTION	23. If death was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be EAT imp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT (Addrass) English Cancil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
_ M .**	Place Ceder Hill Modate Who 12, 193	Nature of injury
mation CAUSE TION is	Phalil Hestoria	24. Was disease or injury in any way letated to occupation of deceased? Its
EOF	19. UNDERTAKER (Address), 20/6/October 18/1	If so, specify AMM
1.21	20. FILED Smel 11. 1932 Person Kielder	(Signed) M. D.
0	Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
X - 5-1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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is	
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Village or Cit) •			Registration Dist.	No.
	y Catonsvil	lle		ND.		St.,W
Length of reside	ence in city or town where	death occurred 5	O yrs mos	death occurred in a hospital	I or institution, give its NAME instead U.S. if of foreign birth?	ad of street and number)
2. FULL NAM	Louise	C. Bech	told			
(a) Residence	A Cama	rset Rd.		St., Ward.		
PERCON				MEDIC		
SEX						DEATH
emale	White	OR PLYORCE	D (write the word)	ZII DAIL OI DL	(Mogth)	Day) 193 2 (Year
HUSBAND of Lactor (or) WIFE of Lactor	ate acob I	Bechtold				
	Ms	2V 20 1	858		11 0 1.1	
		1	If LESS than		/ /	m.
73	10	25	1 day,hrs.		OF DEATH end related causes of la	,
8. Trade, profess	ion, or particular	H. W.		4	41	Oate of o
SAWYER, I	BDDKKEEPER, etc			Crebral	Hemoulo	7 2, Apr
Work was SAW MILL	done, as SILK MILL, , BANK, etc	*****		-	/	1
this occupa	l last worked at ation (month and	11. Total ti spai	ime (years) nt in this		<i>()</i>	
			pation	Dther Contributory Cause	es of Importance:	
BIRTHPLACE (city (State or count	or town) German	7		ATT		
13. NAME	Henry Holzs	apfel		Mur	w. or certain	
14. BIRTHPLACE (city or town)			Name of operation		Date of
		tily		What test confirmed diag	nosis?	Was there an auropsy?
17. INFORMANT (Address) 4 Somerset d. Catonsville 18. BURIAL, CREMATION, OR REMDVAL Place Loudon Pk. Date 4/18/32, 19					f injury, 19.	
				(Specify city or town,	county and State) r In PUBLIC PLACE.	

			Nature of injury	***************************************	Date of	
			24. Was disease or injury	in a y way related to occupation o	of deceased?	
(Address) ±.	101 Edmond	son Ave.	0	If so, specify	to 1 f	0
FILED To	195	CA		(Signed)	1813 1	1100
	If married, widower HUSBAND of Les (or) WIFE or Count (or) WIFE of Les (or) WIFE or Count (or) WIFE or Coun	SEX If married, widowed, or divorced HUSBAND of Late acob I HUSBAND of Late acob I DATE OF BIRTH (month, day, and year) BAGE Yeers Months 73 S. Trade, profession, or particular kind of work done, as SPINNER, I SAWYER, BDDKKEEPER, etc. 9. Industry or business in which york was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and year) BIRTHPLACE (city or town) German (State or country) 13. NAME Henry Holzs 14. BIRTHPLACE (city or town) German (State or country) 15. MAIDEN NAME Margaret 16. BIRTHPLACE (city or town) German (State or country) German INFORMANT AS DAMENSET UNDERTAKER (Address) AIOI Edmond S FILED AS ACOB I STATE ACOM CANDON	PERSONAL AND STATISTICAL PARTI SEX 4. COLOR OR RACE White S. SINGLE, MAR OR PICONE If married, widowed, or divorced HUSBAND of Late acob Bechtold DATE OF BIRTH (month, day, and year) AGE Yeers Months TO 25 8. Trade, profession, or particular kind of work done, as SPINNER, H. W. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and year) BIRTHPLACE (city or town) Germany 13. NAME Henry Holzapfel 14. BIRTHPLACE (city or town) Germany 15. MAIDEN NAME MATERIAL 16. BIRTHPLACE (city or town) Germany INFORMANT A SOMETSET 16. BIRTHPLACE (city or town) (State or country) INFORMANT A SOMETSET UNDERTAKER (Address) A SOMETSET UN	The male widowed, or divorced HUSBAND of Late acob Bechtold DATE OF BIRTH (month, day, and year) May 20, 1858 AGE Yeers Months Days If LESS than 10, 25 Iday, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, H. W. SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SIKK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and year) BIRTHPLACE (city or town) Germany 13. NAME Henry Holzapfel 14. BIRTHPLACE (city or town) Germany 15. MAIDEN NAME MATERATE 16. BIRTHPLACE (city or town) Germany INFORMANT (State or country) Germany INFORMANT (Address) 4 Somerset d. Catonsville BURIAL, CREMATION, OR REMDVAL Place Loudon Pk. Date 4/18/32, 19 UNDERTAKER (Address) 101 Edmond Son Ave. FILED 18. Registrar.	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word) If married, widowed, or divorced HUSSAND of Late acob Bechtold DATE OF BIRTH (month, day, and year) AGE Yeers Months Days If LESS than 1 day, hrs. or. min. 8. Trade, profession, or particular Kind of work done, as SPINNER, H. W. 9. Industry or business in which Work was done, as SPINNER, H. W. SAWRE, BDOKKEPER, etc. 10. Date decessed last worked at this occupation (month and year) SAWRE, BDOKKEPER, etc. 11. Total time (years) Spant in this occupation. Diher Contributory Cause BIRTHPLACE (city or town) Germany IS. MAIDEN NAME Margaret 16. BIRTHPLACE (city or town) (State or country) Thermany Mrs. "dward H. Biemiller (Address) Accident, sulcide, or how Where did injury occur? Specify whether injury occur? Specify whether injury occur? Specify whether injury occur? Specify whether injury Nature of injury 15. Accident, sulcide, or how Where did injury occur? Specify whether injury 15. Accident, sulcide, or how Where did injury occur? Specify whether injury occur? Specify whether injury occur? Specify whether injury occur? Specify whether injury Accident, sulcide, or how Where did injury occur? Specify whether injury occur? Specify whether injury Accident, sulcide, or how Where did injury occur? Specify whether injury occur? Specify whether injury Accident, sulcident injury Specify whether injury Accident, sulcident in the sulcident in the succurrence in the sulcident in the succurrence in the sulcident in the succurrence in	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE White S. SINCLE, MARRIED, WIDOWED, ON PLACE (Color of Wire the word) If married, widowed, or divorced winds and year) MUSARDO Late acob Bechtold 22. HEREBY CERTIFY, To show the stated above, at the person of the date stated above, at the person of the person of the date stated above, at the person of the person o

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOI	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	STACE PUL	LUNINER	STATEMENTS	TOT	FILISICIAN

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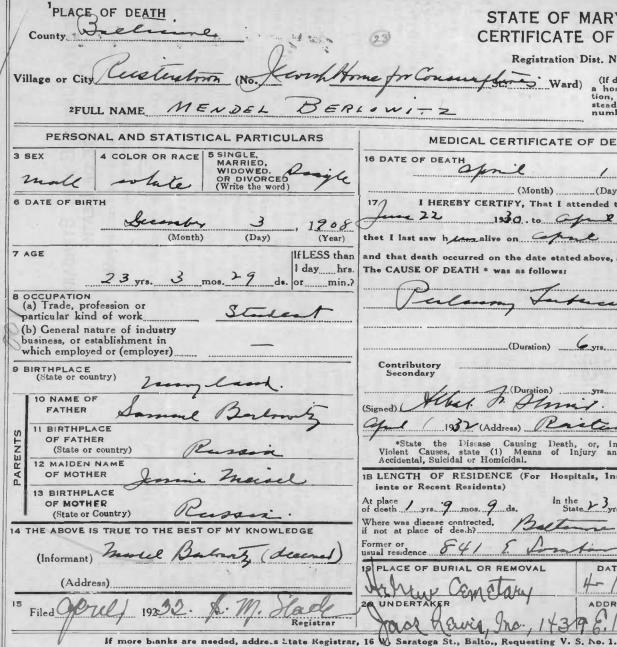
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Chronic interstitial nephritis CELVIII	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 4 1937			
Other contributory causes of importance:	W1 1000	Other contributory causes of importance:	
Guidenteo	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
I was called in to see how time June were her frat	
no do not know how ton the land miles represent	**
or Carline hypertrophy by she soil she sit not indon	
I'm har hier Vingelion	
the straight	

f Inford stat Every item of CIANS should statement of

1	MARGIN RESERVED FOR BIND'NG	15
ì	E., WITH UNFADING INKTHIS IS A PERMENENT RECORD	3
rmati te C/	rmation should be carefully supplied. ACE should be stated EXACTLY, PHYSI- te CAUSE OF DEATH in plain terms so that it may be properly classified. Exact PATION is very important. See instructions on back of certificate.	-tot



STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH / 1982
(Month) (Day) (Year)
17/ I HEREBY CERTIFY, That I attended the deceased from
June 22 1030. to april 1982.
thet I last saw h com alive on the 1 1981,
and that death occurred on the date stated above, at 5.402 tm.
The CAUSE OF DEATH * was as follows:
Julian Faturelores

(Duration) Cyrs C mos de.
(Duration)ds,
Contributory Secondary
(Duration) yrs mos ds,
(Signed) Albert D. Almir. M. D.
april 182 (Address) Printe love
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
iente or Recent Residents)
At place 1 yrs 9 mos. 9 ds. In the State 2 yrs 3 mos 29 ds.
Where was disease contracted, Battanif not at place of death?
Former or usual residence 841 & Andria SRG.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Achrew Cometary 4-1- 1.32
20 UNDERTAKER ADDRESS
as faire ha 143 a 6 10 Note At

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more recommend mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an For many occupations a single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart disease; The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

MARGIN RESERVED FOR BIND

V. S. No. 1

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33.
	Gtate Graining Short Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale White Single, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Opril 5 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH 2	17 I HEREBY CERTIFY, That I attended the deceased from Opril 1982 to Opril 5 , 1982 that I last saw her alive on Opril 5 , 1932
7 AGE 15 yrs. 0 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 8:55 a.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Innate; particular kind of work (b) General nature of industry Training School; business, or establishment in which employed or (employer) Owingsthills, mid.	(Duration) yrs. mos 5 ds Contributory Bronch - Pressure Secondary (Duration) yrs. mos 3 ds
10 NAME OF FATHER Joseph Berman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Serge C. McLairy M. D. Opril 5 1932 (Address) Owing Mills, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ida Grades 13 BIRTHPLACE OF MOTHER (State or country) Russia	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place 8 yrs 2 mos 24 ds. In the State 15 yrs. 0 mos 27 ds
(Informant) Records (Address) School; Ownigs wills, Sid	Where was disease contracted, at Place of Death if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS 1439 E-Mall
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed loborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the Disease of United Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Examples: Accidental drowning; Struck by railway train as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, stated unless important. use of "Tumor" for malignant neoplasms); Measles; letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," 'Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonueum, etc., Carcinoma, Sarcoma, etc., ol resulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

v.

Filed

		00101
1	PLACE OF DEATH County B altinise	STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltimere Village or City Reisters for the second of the second	0:4-	Registration Dist. No. 53
	An IR	St.: Ward) (If death occurred im a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White (Write the word)	(Month) (Day) (Year)
ns on E	July 17, 1866	that I last saw h The alive on Office 3 04 1933
ctio	7 AGE (Month) (Day) (Year)	and that death occured on the date stated above, at
nstrn	65 yrs. 9 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
See	V(a) Trade, profession or particular kind of work	Dishell Cours
rtant.		(Duration). X yre X man Z de.
impo	(State or country) Mary Land.	Contributory Secondary Carrelles Western
S very	FATHER Denny le Berry may.	(Signed) M. D. (Address) A CARTESTONIAL
NO	OF FATHER (State or country) Mary Cand	/*State the Disease Causing Death, or, in deeths from Yiolent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Clipabety yingling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0000	OF MOTHER (State or country) Mary Land	At place of death yismosds. In the Stateyrsmosds.
O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ment	(Informant) Mrs. David Garry man.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
tate	(Address) Versteralify mf.	Druid Ridge May 2, 1,33
(I)	IE A A	20 UNDERTAKER // APTRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrai

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Form laborer, Loborer—Coul mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DIATH guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Compositor, Architect, For persons who have no occupation Cotton mill; (a) Solesman. (b) Grocery; (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroger (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, pertonaeum, etc., Carcinoma, Sarconu,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, tetapus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need not be etc. valvular heart The contributory

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03768
1. PLACE OF DEATH	336
County Daltan of	Registration Dist. No.
Village or City Catowarle Office	No. Trave of the Betal St., Ward
Length of residence in city or town where death occurred / yrs. // mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME John Bies	
(a) Residence: No. Alexandre	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
Male white angle	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended daceasad from
(or) WIFE of Lengle	Deel 74 1916 to Clar U 1932
6. DATE OF BIRTH (month, day, and year) Jamy 10/69	I last saw h alive on Photology 1932; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 490 -m.
63 2 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession or particular	Were as juliums.
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month and	
SAW MILL, BANK, etc	Grebal Cubolism
O 10 Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	aterio-Scherpia-
13. NAME HOLD IN BASS	will to o journe
E	Non- of analysis
[State or country]	Name of operation
15. MAIDEN NAME MAAR ALL DA	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Many Och 15	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
17. INFORMANT ROSE	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address), & No.	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 19	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) from . Hall Hop	If so, specify
20. FILED 41, 3, 19 19 19	(Signed) North C. Farrett M. D.
1/3 32 Registar.	(Address) Castansulle Mil
If more blanks are meded, orders State Resistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. .Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis MANY A 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURYAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT RECORD AINLT, WITH UNFADING INK--THIS IS A PERM

MARGIN RESERVED FOR BIND

V. S. No. 1

8

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
4	Registration Dist, No.
Village or City Lowson (No. 12 acqui	Bayley (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale while (Write the word)	16 DATE OF DEATH , 192 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 15-, 190V	1922 to you, 1927,
(Month) (Day) '(Year)	that I last saw h alive on you , 192. L,
7 AGE If LESS than	and that death occurred on the date stated above, at
26 yrs. 4 mos. 24 ds. or min.?	Tulmonory July seulysis
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	Indefinite on 5 VV
which employed or (employer)	(Duration) Jrs. mos. ds,
9 BIRTHPLACE (State or country)	Contributory Secondary Federal
Lowson ma	(Deration) yrs. mos. 3 ds.
FATHER E Stanton Busley	(Signed) 1. 3. 2. Segan M. D.
o 11 BIRTHPLACE	Up 9th 192 Z (Address) 2 W. Kead of works,
OF FATHER (State or country) Yowson Male	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Sucretia Gassell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER 4	At place In the
(State or country) Allumond Will	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) will Lucretin Bosley	Former or usbal residence Blue Ridge Cernetry
14 a. al thouse Yaline	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)/ Luguum w Cymwn	Aurmony mo gru 10, 1936
Filed Offiel 9 1902 Hal Butter Self Registrar	Chas. G. Black 1+2 Wroll
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
	1 saxumo med

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," ctc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthto report Civil engincer, Physician, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) specifically the occupations of persons en-Compositor, Stationary fireman, etc. But in many Architect, Locomotive The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DMEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashid fever (the only definite synonym is "Epidemic cerebrase; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on telunus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perilonitis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Exhaustion," "Heart range," "Old Age," "Shock," "Transition." "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Mcasles; Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere sy inptoms or terminal condicough; Chronic The n_ture of the injury, ctc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

23. If death was due to extarnal causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or Injury In any way related to gecupation of deceesed? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Signed) (Signed) (Address)	or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03772
Village or City Ward Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town where death occurred. Langth of real-dense in city of town and Start Ward. Langth	infe sta UP.	1. PLACE OF DEATH	
Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town and State of Cluster City of town and State of Country. Langth of residence in city of town where death occurred. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of Cluster City of Connection to Cluster City of Connection to Cluster	of ald	County / Salte wore	Registration Dist. No. 30 A
Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town where death occurred. Langth of residence in city of town and State of Cluster City of town and State of Country. Langth of residence in city of town where death occurred. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of residence in city of town and State of Cluster City of town. Langth of Cluster City of Connection to Cluster City of Connection to Cluster	shor F	Tillage of Oily	No. / Have ford aves, Ward
2. FULL NAME (a) Residence: No. (Usua) Stage of should PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR & RACK. (S) S. SHOLE, MARKELD, WIDOWED OR PHYCECH (when the word) 12. DATE OF DEATH 22. I HEREBY CERTIFY, That Lattanded deceased from min. 13. AGE Very Menths PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR & RACK. (CO) WHE CH OR PHYCECH (when the word) OR PHYCE	100		
(a) Residence: No. (b) PERSONAL AND STATISTICAL PARTICULARS 2) SEX (c) COLOR OF RACE	ver nen	11 1000 0	oto lead
Complete of shocks Complet	SICI ater		Ward
3. SEX 4. COLOR OR RACE S. SINCLE MARRIED WIDOWED OR DWYGRED (civir this word) So. If married widowed, or diversed in word or	JR HY SI		
S. SINGLE, MARKER, WOVED, Commerties word of the proposed Comm	ECC PF	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
So. If married, widowed, ar divotred HUSBARD of Corp. Wife of Cyr. Wif	Y. Ex	OR DIVORCED (quite the word)	
HUSBAND of (cr) with of Carties T. Dot Electron St. Date of ERTIFY. That Lattended deceased from (cr) with of Carties T. AGE Years Months Days II LESS than I day	L L	" Charried	
DATE OF BIRTH (month, day, and year) T. AGE Years Months Days If LESS than I day,hrs. Ofmin. A PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: SANYER, BOUNKEEER, etc. SANYER, BOUNKEER, etc. SANYER,	CJ	HUSBAND of	22. / I HEREBY CERTIFY, That Lattended decease from
S. PARE OF BIRTH (month, day, and year) S. PARE OF BIRTH (month, day	_ 60	The water of the order	Nept 1612, 1091, 10 april 1, 1982
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SAYURE BORKEPER etc. 10 Date of the process of importance: 11 Total time (years) 12 BIRTHPLACE (city or town) 12 BIRTHPLACE (city or town) 13 NAME 14 BIRTHPLACE (city or town) 15 MAIDEN NAME 16 BIRTHPLACE (city or town) 17 Date of country) 18 BIRTHPLACE (city or town) 19 Date of country) 19 Date of country) 10 Date of country) 11 Date of country) 12 BIRTHPLACE (city or town) 13 NAME 14 BIRTHPLACE (city or town) 15 MAIDEN NAME 16 BIRTHPLACE (city or town) 17 Date of country) 18 Date of country) 19 Date of country) 19 Date of country) 10 Date of country 11 Date of country 12 Date of country 13 NAME 14 BIRTHPLACE (city or town) 15 MAIDEN NAME 16 BIRTHPLACE (city or town) 17 Date of country 18 Date of country 19 Date of country 19 Date of country 10 Date of country 10 Date of country 11 Date of country 12 Date of country 13 NAME 14 BIRTHPLACE (city or town) 15 MAIDEN NAME 16 BIRTHPLACE (city or town) 17 Date of country 18 Date of country 19 Date of country 19 Date of country 10 Date of country 10 Date of country 11 Date of country 12 Date of country 13 Date of country 15 MAIDEN NAME 26 Date of limportance: 16 Date of country 17 Date of country 18 Date of country 19 Date of country 20 Date of country 21 Date of country 22 Date of country 23 Date of country 24 Date of country 25 Date of country 26 Date of country 27 Date of country 28 Date of country 29 Date of c	A ted per ifica		to have occurred on the date stated above, at z = z m.
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Neme of oparation Dete of Whet test confirmed diagnosis? Was there an autopsy? 70 Whet test confirmed diagnosis? Action of the part of the following: Action of the followin	NF.	13. NAME Seo On. Boller	Vell ness
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Accident, suicide, or homicide? Suicide. Date estinjery 4 1,1932 Accident, suicide, or homicide? Suicide. Date estinjery 4 1,1932 Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Proceeding the process of injury 1 and suicide, or homicide? Suicide. Date estinjery 4 1,1932 Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 1, 1932 Registrar. (Address) Accident, suicide, or homicide? Suicide. Date estinjery 4 1,1932 Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in Industry. Where did injury occurr? Specify whether injury occurred in Industry. Manner of injury Nature of injury. 19. UNDERTAKER (Address) 20. FILED 1, 1932 Registrar. (Address) Accident, suicide, or homicide? Suicide. Date occupation of own, county and State) Specify whether injury occurr? Specify whether injury occurr? Manner of injury Nature of injury (Signed) (Signed) (Signed) (Address) Accident, suicide, or homicide? Suicide. (Address) Accident, suicide, or homicide? Suicide. (Address) Specify whether injury occurr? (Address) Accident, suicide, or homicide? Suicide. (Address) Accident, suicide, or homicide? (Address) Specify whether injury occurr? (Address) Accident, suicide, or homicide? (Address) Accident, suicide, or homicide? (Address) Accident, suicide. (Address) Accident, suicide. (Address) Accident, suicide.	2 50	(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
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Where did injury occur? Specify whether injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Where did injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify city or town, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify city or town, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify city or town, county and State) Specify whether injury occurr? Specify whether injury oc	Car CH Ort	16. BIRTHPLACE (city or town)	
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18. BURIAL, CREMATION, OR REMOVAL Processor 18. BURIAL, CREMATION, OR REMOVAL Processor 19. UNDERTAKER	PI O		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Plece Low Mon. Dete. 19 Nature of injury way related to occupation of decesed? 19. UNDERTAKER (Address) 20. FILED 19. 19. Address (Signed) Registrar. (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	sho OF		Manner of jointy that selling clear
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Z. Registrar. (Address) La wus welle The	E DI	7	
	77)	20. FILED 1/1 199 At Andrew	(Signed) Xeliers Mytowell M. D.
			(Address) La Wille Wille 1882

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

rincipal cause of death and related causes cortance were as follows: of epilepsy ver by street car nitis	Date of onset 1 week ago 1 week ago 3 days ago
	-
nitis	3 days ago
	1 year
	contributory causes of importance:

BINDIN

MARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MY 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUERAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		and the second of the second o	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

	CERTIFICATE OF DEATH 03773
1. PLACE OF DEATH	90
County Callemore	Registration Dist. No.
Village or City Catousville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
(1. m /2.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME CHUNE M. Sra	20
(a) Residence: No. Stonewall fact	St., Ward.
(Usual place of abode) /	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RAPE 5. SINGLÉ MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White OR DIVORED projecthe word)	(Month) (Day) 7 193 2
5a. If merried, widowed, or divorced HU3BAND of (or) WIFE of Control Cont	22. A HEREBY CERTIFY, What I attended deceased from
6. DATE OF BIRTH (month day, and year 1 20, 29	Hast saw h de elive on Africa 12 19 9/2 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at . 1.5
(55) # 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as rollows:
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cheule pondoe arditis 41-32
19. Dele deceased last worked at this occupation (month end year)	
12 DIOTUDI ACE (situations)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	16 Juleh 37/ 1928
13. NAME MUKUOWW	The state of the s
	Name of according
(State or country)	Name of operation Date of
15. MAIDEN NAME WIRKS	What test confirmed diagnosis? Was there an autopsy?
11 1/	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT When the Brass (Address) Elligant M. R. F.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL _ 1	Menner of Injury
Place My . Cluber Cupale acks .30,19.32	Nature of Injury
19. UNDERTAKER Easton Bould (Address) Ellicott Citad My	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 4/29, 1932 Steeler Registrar.	(Signed) A Manager J. M. D. (Address) Success
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUBEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
/1. PLACE OF DEATH	93-2
County Baltymyre	Registration Dist. No. 45
Village or City Hale thorpe	NoSt.; Ward
Length of residence in city or lown where death occurred to the mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME I W. A. PARTH	10
(a) Residence: No. Northeast Car	St. Ward.
(a) residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVIDICED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widower, or divorced HUSBAND of (or) WIFE of Dausy Browny	22. I HEREBY CERTIFY. That I attended decaesed from
6. DATE OF BIRTH (month, day, and year) 2/2/2/1859	I last saw hair aliva on april 22 1932 death is said
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, et 5 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Teads profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Opinio Myrcardelos
9. Industry or businass in which work was done, as SILK MILL, Detured Bus. Man.	Rematica Nov. 1930
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Corollal Dennhad Grand
13. NAME TON H Trofle 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(Stata or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Mary Boyer 16. BIRTHPLACE (city or town) - Sud	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
13/1/1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR PROVOVAL	Manner of Injury
Place Just Cem Data 1925, 1935	Natura of Injury.
19. UNDERTAKED Account Theusley	24. Was disease or injury In any way related to occupation of dacaased?
(Addrass) 578 MBed Lluby	If so, specify fifth only
20. FILED April 25, 19 32 Metrokee Ha	(Signed) Marie M. D.
Registrat.	(Address) AGNELLE ALLO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BURNA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	y gea

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 4

1. PLACE C	Palt	mon		Pagistration Dist. No.	4
	Endoen			Registration Dist. No.	
Village or	illy company	ww	(II	No. St., death occurred in a hospital or institution, give its NAME instead of street an	d n
Length of re	idenca in city or town where	death occurred	_yrs,mos		
2. FULL NA	ME Still I	on in	Laut.	(Brooks)	
(a) Reside	nce : No			St., Ward.	
PERSON	IAL AND CTATICS	(Usual place of a		If nonresident give city or town a	nd
3. SEX	4. COLOR OR RACE	5, SINGLE, MARRIE		MEDICAL CERTIFICATE OF DEATH	
Fem	white	OR DIVORCED		(Month) (Day)	- ~ 1
5a. If married, wido HUSBAND of	wed, or divorcad				
(or) WIFE of				22. I HEREBY CERTIFY, That I ettende	d d
6. DATE OF BIRTH	(month, day, and year)	Thris 9	Th 1932	I last saw h alive on 19	
	ars Months	Days	If LESS then	to have occurred on the date stated above, at	
-	_		l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	П
8. Trada, profe	ession, or particular work dona, as SPINNER,			- L: 1	
ETA SAUTE	, BOOKKEEPER, atc			Till von	
a work w	business In which s dona, as SILK MILL, LL, BANK, atc				
O 10. Date dacea	sed last workad at	11. Total time	(yaars)	Trematur Alparation of	
year) -	pation (month and	spant ir occupat		Placente	
12. BIRTHPLACE (c	ity or town) leag-	emere		Other Contributory Causes of importance:	
(State or con	ntys /	12			
13. NAME	reord.	Udrook			
4 14. BIRTHPLAC	E (city or town)	a		Name of oparation Data of	
(21916.0	r country	6.11		What tast confirmed diagnosis? Was thara ar	31
15. MAIDEN NA	IME KOINS	Mora	ou	23. If death was due to external causes (VIOLENCE) fill in also the following	-
O 16. BIRTHPLAC	E (city or town)	a		Accidant, suicide, or homicide? Date of injury	
	Pattill 1	Browns		Where did injury occur? (Specify city or town, county and St	ate
17, INFORMANT (Address)	Edin	me		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC E	LA
18. BURIAL, CREMA	TION, OR BEMOVAL)	11	/, ,	Manner ol injury	
Place Se	word you	Date HOPE	m, 19	Nature of injury	
19. UNDERTAKE	bustom La	ch.		24. Was disease or injury In any way raisted to occupation of deceased?	
(Addrass)	1	09, 0		Il so, specify A PAA	
20, FILE Um.	10 1932/51	10 formic	xmD	(Signed) (1) (1) (Signed)	4
		10	Registrar.	(Addrass) Danvous Vor	12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	---------	------------	------------	----	-----------

ż

A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 03776
ould state	1. PLACE OF DEATH	
CC	County Ballinge	Registration Dist. No. 35
ā A	Village or Sity Parklow Ind	No. St., Ward
9 / 1		death occurred in a hospital or institution, give its INAIME instead of street and number)
NS /		ds. How long In U.S. if of foreign birth?yrsmosds.
PHYSICIANS ict statement	2. FULL NAME Susan a. Bus	
SI	(a) Residence: No. Parkton. m	St., Ward.
£ 4	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
xact bi	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
N. E	OR DIVORCED (purite the word)	april 9 193.32
d. L	Timale white willow	(nonth) (Day) (Year)
X A C T	HUSCAND OF THE O	22. / I HEREBY CERTIFY, That I attended deceased from
X A	William Lomas Duris	4-6 1932 to 4-9 1932
	6. DATE OF BIRTH (month, day, end year) Jan 21. 1865	I last saw h. alive on 4-3, 19-32; death is seld
stated E properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
stated properl ertifica	67 2 /8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
	8. Trada, profession, or perticular kind of work done as SPINNER	A 1 1 1 1
be of	kind of work done, as SPINNER, Housework SAWYER, BDOKKEEPER, etc.	arevial Amoustage 4-4-32
should it may n back	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
sho t it r on b		
20	this occupation (month and spent In this occupation occupation	
supplied. AGE in terms, so that	12. BIRTHPLACE (city or town) Parkston	Dther Contributory Causes of Importance:
d. so	(State or country) Balls Co. And.	
rms	13. NAME Scorere Booley	
supplied n terms, ee instru	13. NAME Scores 3 octor	Neme of operation Date of
	(State or country)	What test confirmed diegnosis? Was there an autopsy?
efully supplied in plain terms, ant. See instri	15. MAIDEN NAME and some	23. If death was due to external causes (VIOLENCE) fill in also the following:
A 4	16. BIRTHPLACE (city or town). (State or country)	Accident, sulcide, or homicide? Date of injury, 19
be car EATH import	∑ (State or country) Continuoum	Where did injury occur?
	17. INFORMANT Joseph Busio,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ie ry	(Address) Oakton, me	
40 5	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
S	Place Vine Some Date Pul 11, 1932	Nature of Injury
CAUS FION	19. UNDERTAKER P. martsline Jan	24. Was disease or Injury In any way related to occupation of deceased?
E O E	(Address) white Hall had	If so, specify DO P
(T)	20. FILED Thrul 12 4982 - milyer Britis	(Signed) / / / mumaulum M. D.
0	Registrar.	(Address) Larks ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I		Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	BURGAU	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	U Andrea U C	July 5,1927	Peritonitis	3 days ago
د.	10 de la company			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE GIAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information shedly be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Daltinote	Registration Dist. No.
Village or City Catonsville Sp	Le No. St., Ward feath occupied in a horpital or institution, give its NAME instead of street and namber)
Length of residence In city or town where death occurredyrsmo	os. 5 ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Clary 13 Bas	sade.
(a) Residence: No. 2226 2. Bild	G St., Ward Balko . mid
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Secretary	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of games P-Bassard	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 19 1863	I last saw head alive on Cefari 32 death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12-15-m.
68 6 2 7 f day, hrs.	the Alleure Cause of DEATH and leaded Gauses of importance
8 Trade profession or particular	Date of onsel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this	2.16
fO. Date deceased last worked at this occupation (month and year) year) ff. Total time (years) spent in this occupation	Occurrence Constitution I and
12. BFRTHPLACE (city or town) Bacfanak	Other Contributary Causes of importance:
(State or country)	- afterio - Sdorosia /m
13. NAME (e) 14. BIRTHPLACE (city or town)	
f4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ello Com	23. If death was due to external causes (VIOLENCE) fill In also the following:
fs. MAIDEN NAME Ello Company fs. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
E (State or country)	Where did injury occur?
17. INFORMANT Jas 19. Logsaly (Address) 9226 E. Bud do	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CAMATION, OR REMOVAL Place Cathedral Date Three (91932	Manner of injury
Garage I Home	8-
19. UNDERTAKER (Address) 8 11 17 20 0 4	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/6 , 19 All Segistrar.	(Signed) Color C. Jarrett M. 1 (Address) Post And Aprille Ma
If more blanks fre addy address Yate Registrar	

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Example T	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UKLAU V. D.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

MARGIN RESERVED FOR

PLACE OF DEATH	STATE OF MARYLAND
County Ballemore	CERTIFICATE OF DEATH
	Registration Dist. No. 33'
Village or City Ownigs Mullano. Josewood 2FULL NAME Clark Durall	State Training School Ward) Chancey (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH April 6 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 22 , 1911	april 4 1932 to april 6, 19232
(Month) (Day) (Year)	that Plast saw hamalive on afril 6 , 1932
7 AGE If LESS than	and that death occurred on the date stated above, at 5:10 P.m.
l day hrs.	The CAUSE OF DEATH * was as follows:
20 yrs. 6 mos. 3 ds. or min.?	
a OCCUPATION (a) Trade, profession or Innate Rosewood	Status Spilepticus
particular kind of work State I range	
(b) General nature of industry School	/D
which employed or (employer) Owings hulls had	(Duration)yrs,mosds.
9 BIRTHPLACE (State or country) Balto Co., Jud.	Contributory Secondary (Duration) yrs. mos ds.
10 NAME OF James S. Charrey	(Signed) George C. melairy M. D.
() 11 BIRTHPLACE	april 6 1932 (Address) Oung Smills, his
CState or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER King	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country) Maryland.	At place 9 yrs. 2 mos. 15 ds. In the State 20 yrs. 6 mos. 13 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Congenital
Institutional Records	Former or usual residence Balto Co. Jud.
(Informant) Received State Training	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
(Address) School; Owing wills with	Stry M.E. Restudio 4/9, 1,32
15 Filed Cfr 8 1932 1722	20 UNDERTIKES ADDRESS
Registrar	many . Henry legener &
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Bulto., Requesting W.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Lacomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact work, household only (not paid Housekeepers who receive a report specifically the occupations of persons Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. But in many Automobile factory. The materia. may be indicated thus; Farmer (re 6 Grocery,

Statement of Cause of Death—Name, first, the DISERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, Succident; Revolver wound of head-homicide; Poisoned by Mamerican Medical Association.) lelanus) may be stated under the head of "contributory." Recommendations on statement of cause of approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJUNY (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Meusles (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a l questions, answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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CTATE OF MADVIAND

County Baltimore	CERTIFICATE OF DEATH
County O Carrotte C	3 /
Village or City Nollinsbanks. mt. 2FULL NAME Eli H. Chenou	Registration Dist. No. Washington St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Wilower. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Sprif 25, 19\$ 3.2 (Month) (Day) (Year)
6 DATE OF BIRTH Jan 4, 1857 (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from
7 AGE 75 yrs. 3 mos. 2 ds. or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Particular kind of work Patrix	disease
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)6
9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Durstion)
10 NAME OF John Chenowity?	(Signed) And M. I April 26 1922 (Address) Journey Well
OF FATHER / (State of country) Mg.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Temperance?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Harry Q. Chenoweth?	Former or usual residence
(Address) Holling mt Washington	Prospect Hilf Fowson Grif 28, 1930
15 Filed april 27 1982 Vr. 1. 1 Just	20 UNDERTAKER ADDRESS 36.15 Cheshaut

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ormation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-ate CAUSE OF DEATH in plain terms so that it may be properly elassified. Exact UNFADING INK--THIS RESERVED MARGIN Every Item & WRITE N. B.--

RECORD

PERMA BIND

FOR A S

V. S. No. 1



N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT RECORD WRITE PLAINLY,

FOR BIND

MARGIN RESERVED

V. S. No. 1

	E OF DEATH					MARYLAND
County B	altimore		- 1	210-700	CERTIFICAT	E OF DEATH
					Registration	Dist. No.
Village or Cit		en Marie C.	lark	2001-E.Hof Baltimore.	st: Ward fman Street Yaryland.	d) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULA	ARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE			16 DATE OF DEAT		
Female	White	MARRIED. WIDOWED.Sin OR DIVORCED (Write the word)	gle	***************************************	April 13th	, 19 <u>3</u> 2 (Day) (Year)
B DATE OF BU	RTH		-1			ttended the deceased from
	May	30th,	, 916		192 to	, 102
	(Month		(Year)	that I last saw h.	alive on	, 192
7 AGE		11f	LESS than	and that death oc	curred on the date state	ed above, at //-/5Pm
	15 yrs. 10		day hrs.	The CAUSE OF DE	EATH * was as follows: eck, resulting	
8 OCCUPATION	N .			which sh	e was riding as	s a p ss nger
(a) Trade, p particular kii	nd of work	None		leaving	road and turni.	g over emb.nk-
business, or	nature of industry establishment in yed or (employer)	At Home		at all Pin	lico Robel near	Rogars Station de
9 BIRTHPLACE (State or co	E ountry)			Contributory Secondary	A Duration	A mos ds
10 NAME (OF	imore, Md.		(Signed)	rustraid	Coronerm. D
OF FATE	LACE	Vash. D.C.			Z (Address)	h, or, in deaths from Injury and (2) Whether
12 MAIDE		La Mughe	8		RESIDENCE (For Hosp	pitals, Institutions, Trans
13 BIRTHE OF MOT	HER	aryland.		At place of deathyrs	mos,ds. In the second	he tateds
14 THE ABOVE	IS TRUE TO THE BES	T OF MY KNOWLED	GE	if not at place of	death?	**************************************
(Informan	nt) Mrs. Stell	La M. Clark		Former or usual residence	RIAL OR REMOVAL	DATE OF BURIAL
(Add	dress) 2001-E.	Hoffman St.			e Cemetery	4/16/02.19
Filed H	13, 182	10 E & The	chols	20 UNDERTAKER	1. 1 setton 1	ADDRESS 1735-Harford A
	If more bianks are	needed, address Sta	te Registra	16 W. Saratoga S	t., Balto., Requesting V	S. No. 1.

697(1)

(Approved by U. S. Census and American Public Health Association.)

sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Hoween at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). gaged in domestic service for wages, as Scrumt, Cook, ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; ('hronic ctc. valvular heart Nomenclature of the The contributory disease

If this certificate is looked over thoroughly and all questions answered in detail, it will preven further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Second state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact short of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING A PER NEW WITH UNFADING INK --- THIS IS A PER MARGIN RESERVED FOR state N. G.--Ever S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Baltimone	(82.0)
Vil	lage or City Villa Nova (No. No.	kridg'e Postse Ward) (If death occurred in
	2 FULL NAMEMUS Orma Caroline	Soufton a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX A COLOR OR RACE SANGE. MARRIED, WHOWEN MEMORIED (Write the word)	16 DATE OF DEATH Ofil 245 , 1932 (Month) (Day) (Year)
6 1	(Month) (Day) (Year	17. I HEREBY CERTIFY, That I attended the deceased from Ofil 1932 to Ofil 24th 1932 that I last saw help alive on Ofil 24th 1932
7	(Month) (Day) (Year	and that death occured on the date stated above, at 3.200
	yrs. 8 mos. 28 ds. or min.?	The CAUSE OF DEATH & was as follows:
(F	a) Trade, profession or operational kind of work	(Parafilegia)
1	b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) [3]	Contributory Orterio - Schooling (Durstion) yrs 4 de. Contributory Orterio - Schooling (Durstion) / 9 yrs 7008.
	10 NAME OF FATHER ATTHE M Platt	(Signed) C.13. Euroy M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus., state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Chyafet Roff	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country)	At place of death
14	(Informant), Q. Courter : (Address) Villa Niva MA	Former or usual residence. 19 PLACE OF BURIAL OR RESIDENCE DATE OF BURIAL Oracle Survey Sp. 27/2, 19 32
1	Filed 4/4-1. 1925 - D. h. Bufferd Registras	20 UNDERTAKER STOPE 2324 Mohalles A
1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from work, er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Automobile factory. The Laborer-Coal mine, etc. Wom-(6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "yphoid fever (never report "Typhoid Pneumonia"; cobar premnonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. Whooping American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

2	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

2

1PLACE OF DEATH	STATE OF MARYLAND
County 2 WMM	CERTIFICATE OF DEATH
342 81	Registration Dist. No. 3
Village or City / Mon (No.) Med 2FULL NAME Walter Clares	Ward) (If death occurred in a hospital or institu- tion, give its NAME i- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MIDOWED. WIDOWED. OR DIVORCED (Write this word)	16 DATE OF DEATH April 4 ch , 1932 April (Month) (Day) 4 (Year) 3
6 DATE OF BIRTH	17 HERBBY CERTIFY, That I attended the deceased from
Marriary 24, 189	May 4 1937 to april 4 , 1932
(Month) (Day) (Year)	that I last saw h Walive on Uptil 2 , 197 Z
7 AGE // If LESS than I day hrs.	and that death occurred on the date stated above, at
63 yrs. 7 mos. 9 ds. or min.?	Barcoma: a growth in his muscles, under left clavicle
a) Trade, profession or R. Trade Ryunker	LAR Caremonia on army
particular kind of work Meures Summer (b) General nature of industry of the same	and Chesti
business, or establishment in which employed or (employer) Mational Bank	(Duration) + B yrs. mos mos ds.
9 BIRTHPLACE	Contributory Secondary
(Stats or country) Bo. Maryland	Experis (Note Transport) 18. 2 mos de.
10 NAME OF FATHER TARREST MAN ADMINISTRATION OF THE PARTY	(Signed) Telladran M. D.
11 BIRTHPLACE	Manual Ma
Z (State or country) Cennsylvania	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Louise M. Manick	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Maryl will	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) // D. Merret. (Murney)	Former or usual residence
(Address) 100 Afringualsi Soc	19 Phace of BURIAL OR REMOVAL DATE OF BURIAL PARENT SELL LEUR. Office 65 1982
15 Filed April 5 1934 WA P. Gultan	Loly Guns Ens Toners
If more b.anks are needed, addre.s Ltate Registrar	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (requi or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Never return "Laborer," "For man," "Manager," "Deal-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-LASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemia cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Imphoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid (planus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by rollwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

mation should be carefu TION is very importan

B.—WRITE PLAINLY,

ż

	OF DEATH Baltimore				- (3) Registration	Dist No 3	2
Village or	CityPikesy	ille, Md.	(1 yrs,mo	No. f death occurred in a l sds. How	nospital or institution, give its NAN long In U.S. if of foralgn birth?	St., 1E instead of street as	
	ence: No.	(Usual place	of abode)		Ward.	it give city or town a	and State
PERSO	NAL AND STATIS	TICAL PART	ICULARS	ME	EDICAL CERTIFICAT	E OF DEATH	
?	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Infan	RRIED, WIDOWED, ED (write the word)	21. DATE OF	DEATH April (Month)	20 (Day)	, 193 ² (Year)
HUSBAND of (or) WIFE of	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended dacaased from 19, 19, 19		
7. AGE Y	7. AGE Yaars Months O O		April 20, 1932 Days If LESS than I day O hrs. or O min.		to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Data of onset
work v SAW N	9. Industry or bustness in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last workad at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. Total tima (years) spant in this occupation 14. BIRTHPLACE (city or town) (State or country) Maryland			Abort	ion (3 months)		
year)				Other Contributory	Causes of importance:		
III. NAME	Joseph R.	Davis					
14. BIRTHPLAI (Stata		ryland		Name of operation.	d diagnosis?	Oata of	
16. BIRTHPLAN	AME Jessie Do			23. If daath was due	to extarnal causes (VIOLENCE) fi	ill in also tha follow	Ing:

Maryland Mrs. Joseph Davis 1813 Riggs Ave (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Incenerated in Fuguace

16. BIRTHPLACE (city or town) (State or country)

19. UNOERTAKER _

(Address)

20. FILED April 21, 1932 Dr. E. E. Nichols

None

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Mannar of injury

If so, specify

(Signad)_ Pikesvilla. Md. (Addrass)

Where did injury occur?_

Natura of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	fi fi	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Q3AI3OS	ž.
Other contributory causes of importance:	4.7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	FACE FOR	FURTHER	STATEMENTS	рт	PHISICIAN	

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-fully sumplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING mation should be carefully sunnlied N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	
County Jacob Stranger	Registration Dist. No.
Village or City Aparons on V	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Still from sufa	us. (3 mo) Davis
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCEO (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) Copril 3 . 143	
7. AGE Years Months Days If LESS 1	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	n. Data of o
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	All tom infant
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 0. Date deceased last worked at this occupation (month and year) occupation occupation.	(3 nev)
12. BIRTHPLACE (city or town) Spanow Town	Other Contributory Causes of importance:
(State or country) 13. NAME Day's Day's	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Gladys 6, Odrown	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Aladys & Danz (Address) Phancuspins	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Johnson Hopsins 19	Manner of injury
19. UNDERTAKERU atem. Lat. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED afr. 4th 1932 for for Allonicion	(Signed) Carrelle Micomios
Registr If more blanks are needed, address State Rec	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Registration Dist. No. 3 d
ngio. Grave Skon petal St., Ward
If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
, and a second s
w St., Ward. Balk med
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Year)
22. HEREBY CERTIFY, That I attanded dacaesad from
left 26 1928, to CAN 14 , 1932
I last saw har aliva on 1932; daath is said
to heve occurred on tha deta stetad above, at
The PRINCIPAL CAUSE OF DEATH and reletad causas of importance were as follows:
Chr. Endreardite 14
Other Coutributory Causes of Importance:
00 2 4 9 4
Che Inter Replirates 14x
Name of operation Date of
Name of operation Date of Whet tast confirmed diegnosis? Was there an autopsy?
23. If daath was due to external causas (VIOL ENCE) fill in also the following:
Accidant, suicide, or homicide? Date of Injury, 19
Where did injury occur?
(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Manner of injury
Natura of injury
24. Wes disaese or Injury in any way related to occupation of daceasad?
If so, specify
(Signed) Stock . E. January M. D.
(Addrass) Caronsure Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I ED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every term of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD FOR BIND WITH UNFADING INK--THIS IS A PER

MARGIN RESERVED

WRITE V. S. No. 1

1 1	03787
PLACE OF DEATH yere loughly	STATE OF MARYLAND
County Spanow Voint Mel	©3) CERTIFICATE OF DEATH
1001	Registration Dist. No.
Village or City (No. 10 2 U 1) 2FULL NAME ROSEMAN F	St.: Ward) (If death occurred I a hospital or institution, give its NAME is stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 15, 1932
6 DATE OF BIRTH	(Month) (Day) (Year) (Year) I HEREBY CERTIFY, That I attended the deceased from
may 15 1912	March 1031 to april 15: , 19213
(Month) (Day) (Year)	that I last saw hely alive on affect 15' , 1983
7 AGE [If LESS than	The date stated above, at
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION 0 1 0 - 0	Just culture of rungs
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)d mosds
9 BIRTHPLACE (State or country) Johnstown Pa.	Contributory Mr. Culsons of forymy Secondary (Durspign) 3 yrs mos. ds
10 NAME OF POTOS AT FORM	(Signed) Dawson J. Harby M. D
() 11 BIRTHPLACE	april 16- 1932 (Address) I Jarrows Point in
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sovetta Oconnol	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Peter F! Dolan	Former or usual residence.
(Address) 620 B. St. Spanne Pair	new Cathedral April 1819 30
15 Filed fr/6 19232 4 All James College	John A. Moran 3090 E. Belts
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, tired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-.,, etc., Foreman, for many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospin to time and causation), using always the same accep Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E-haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Example: Measles (disease

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

(HYSI. Exact	1	PLACE OF DEATH Butto	STATE OF MARYLAND CERTIFICATE OF DEATH
(RECORDS d EXACTLY, Party elassified.		age of Cit Owings mills (No. Garriss 2 FULL NAME Jour & Ecker	Registration Dist. No. Registration Dist. No. Ward) If death occurred in a hospital or institution, give its NAME instead of street and a number.)
	State prope f certi	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
INDING	should be stift may be possible son back of	3 8	ATE OF BIRTH MARCL MARRIED, Sufact WIDOWED OR DIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from March 35th 1932, to April 1932, that I last saw held alive on April 317, 1932,
D FOR B	supplied terms so ee instruc	7 AC	U yrs. 0 mos. 22 ds. or min. ?	The CAUSE OF DEATH & was as follows:
RESERVE	be carefully s ATH in plain important: S	PP W	Trade, profession or exticular kind of work	Contributory Convelsions Secondary
MARGIN	tion should AUSE OF DE	RENTS	10 NAME OF FATHER OSEPH C. Eckent. 11 BIRTHOLACE OF FATHER (State or country) horning Ind. 12 MAIDEN NAME	(Signed)
	of information state of	Q.	18 BIRTHPLACE Christian Ridge OF MOTHER Christian Ridge (State or country) 18 BIRTHPLACE OF MOTHER Of Mot	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsionts, or Recent Residents) At place of death yrsmosda. State,yrsmosda. Where was disease contracted,
	very em	14 3	(Informant) Supply Co. Color Rest (Address) Janieson Poll Queings Wills	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
V. S. No. 1	Je)	15 f	Filed Whyle - 1932 & Ea Websle Registrar	Halter Lavis 3418 Chesher Lever.
		9	if more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S No. 1.

ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of the s. If recired from or given up on account of the present causing pratif, ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed as own ries: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wage. A. So roll, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered a: Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Greeny; nature of the business or industry, and therefore an eases, especially in industrial employment, it is necesto report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. Physician. Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Plinter, tion applies to each and every pers n fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precia statement of oc For many occupations a single work or term on irrespective of The material But in many Fire ques Wom-

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> head of ment of cause of death approved by Committee on ture of the Roisoned by carbetic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as accedental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhtustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Meastes; (nume origin; "Cancer" inges, peritonaeum, etc., inqualified, is indefinite); Tuberculosis of lungs, men-(secon lary or intercurrent) affection need not be Nominaclature of the American Medical Association.) Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJURY (e. g., sepsis, totunus) may be stated under the "contributory." interstitial nephritis, etc. The contributory "Debility" Accidental drowning; Struck by railway injury, as fracture of skull, and conse-Never report mere symptoms or terminal Chronic valvular heart ("Congenital," "Senile," etc.) (Recommendations on state-Carcinoma, Sarcoma, etc., of is less definite; avoid "Coma," "Condisease; (second-(disease (merely

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3

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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance.	May 1,1923	Other contributory causes of importance:	1 year
desdebites	111111111111111111111111111111111111111		

20. FILED

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 03790
1. PLACE OF DEATH	9
County/ Suttimens.	Registration Dist. No.
Village or City_letterswill	No. 60 6 St. Ward (If death occurred in a hoepital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 10 yrs	mosds. How long in U.S. If of foreign birth? yrs mosds.
2. FULL NAME MASSELL &	rellinger
(a) Residence: No. 606 lerleranne	Red St., Ward.
(UsuaTplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIGOTO	
OR DEVORCED (write the w	rord) 1 1 mil 70 pt 193
5a. If married, widowed, pedivorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Suffer My Fillman	1 HEREBY CERTIFY, That I attended daceased from
The car of	I last saw he walive on Over 20 1932 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS	75.0
7/ - 24 Iday,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 9 Total and the second secon	00.4
8. 17808, Profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Short and short	a Piobeles mellitus you
9. Industry or business in which work was done, as SMX MULL SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and this occupation (month and separation this occupation).	Pr-
10. Oate deceased last worked at this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1 0 4
(State or country) (State or country)	willinell
13. NAME JULIAN FILLING 14. BIRTHPLACE (city or town)	indiana de la como de
14. BIRTHPLACE (city or town)	Name of operation 144 What test confirmed diagnosis? CL9 P Was there an aut psy? We was there an aut psy?
15. MAIDEN NAME Wary Dunk	23. If death was due to external causes (WIOLENCE) fill in also the following:
15. MAIOEN NAME Wany Dunty 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(Stata or estuntry)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Will My July 19	Specify whather injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Williams Oate of Fig. 1	Sature of injury.
19. UNDERTAKEN / J. W. M. M. M.	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 850 M. Williams &	If so, specify
20. FILEO 7 , 19 3	(Signed) M. O. M.
1 101	esistrat. 2411 N. Charles Street Bellimore. Requesting T. S. NA.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

of OCCUPA-

statement

3.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Baltimore Registration Dist. No. 9 3	1. PLACE OF DEATH	(379)
Village or City EUDOWOOD SANATORIUM, TOWSON In Control of the cont	county Baltimore	Registration Dist. No. 9 38
(a) Residence to 100 1	Village or City EUDOWOOD SANATORIUM, TOWSO	N MD. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No. 10.0 1	Length of residence in city or town where death occurredyrsn	osds How long in U.S. if of foreign birth?yrsmosc
3. SEX 4. COLOR OF RACE OF DIVORCED (write the word) Will with the word of th	(a) Residence, No. 1007 W 36 th St	Restimants Mill nonresident give city or town and State
5a. If married, widowed, or divorced Husband (or) Wife of Control Wife of Cont	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of COT WIFE of COUNTY That I ettended deceased from the Country Causes of Importance: 1 HEREBY CERTIFY That I ettended deceased from the Country Causes of Importance: 1 HEREBY CERTIFY That I ettended deceased from the Country Co	Male White Married (write word)	Copril 19 1932
Trade, profession, or particular kind of work done, as SPINNER, leaved 8. Trade, profession, or particular kind of work done, as SPINNER, leaved 9. Industry or business in which work was done, as SILK Milk. 3. AW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. Months Days 18 LESS than 1 day, hrs. Or min. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Data of one Data of one Data of one The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Data of one Data of one Name of operation. What test confirmed diagnosis: What test confirmed diagnosis: What test confirmed diagnosis: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury. 19. Date of injury.	5a. If married, widowed, or divorced HUSBAND or (or) WIFE of MULLICULIVE	110101-110
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME 19. Maiden Name 20. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of importance: 18. Maiden Country) 19. Maiden Name 20. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. Maiden Name Date of importance: 10. Maiden Country 11. Maiden Name 12. BIRTHPLACE (city or town) 13. Name Date of importance: 14. BIRTHPLACE (city or town) Date of injury 15. Date of injury 16. BIRTHPLACE (city or town)	11. Total time (years) this occupation month as	
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What test confirmed diagnosis Accident, suicide, or homicide? What test confirmed diagnosis Accident, suicide, or homicide? Date of injury		
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16. BIRTHPLACE (city or town) Accident, suicide, or homicide? M.D. Date of injury	15. MAIDEN NAMES LOUIS CASCALLICES	
(State of country)	16. BIRTHPLACE (city or town). Allcl	Accident, suicide, or homicide?
Hospital RecordsPersonal History Note: The specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addiess, OWOOD SANATORIUM, TOWSON, MD,	Hospital Records Personal History	
18. BURIAL, CREMATION, OR PEMOVAL Place O or Claure Date Gran 21, 1932 Manner of injury Nature of injury		
19. UNDERTAKER Character of the state of the		24. Was disease or injury in any way related to occupation of deceesed? 200
20. FILED 17: 19. 182 M. (Signed) (Signed) M. (Ardress) Eudowood San., Towson, Md.	Registrar.	(Address) Eudowood San., Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1033		- A / 3 - 117 - 15 9 1	- 4

	te te	STATE OF MARYLAND	CERTIFICATE OF DEATH	630
1	state UPA-	1. PLACE OF DEATH	51))
	occi	County Bultimore	Registration Dist. No.	
		Village or City Catousville	No 717 & Johnson Minding Har	Ward
:		(II	death occurred in a hospital or institution, give its NAME instead of street and nu	
	NS NS	Length of residence in city or town whare death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
ŗ	Every CIANS rement	2. FULL NAME martin Billigan		
4	XSI Sta	(a) Residence: No. bullinous (Usual place of abode)	St., Ward. If nonresident give city or town and S	iale
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	/×	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Small	21. DATE OF DEATH (Month) (Day)	193 2 (Year)
Z	CMANEN XACTI classified.	5a. If married, widowed, or divorced HUSBAND of		
	A C Ssi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended da Lec [2- 193], to april 21-	iceased from
Z	#		I last saw heir alive on april 12-,1932	19.0.
E E	TE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at Line Am.	death is said
OR.	IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	1
F	sta pro	8. Trade, profession, or particular	were as follows:	Date of onset
9	be of	kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	Orume, Hent Disease	tenthon
VE	ould may back		, y	
ER.				
S	E sh it it	11. Total time (years) this occupation (month and year) year)		
R	NFADING I. pplied. AGE erms, so that instructions o	year) occupation occupation	Other Contributory Causes of importance:	
z	Se cti	12. BIRTHPLACE (city or town)	P	
5	upplied. terms, instru		Carcinoma of Genis	hukhow
AR		13. NAME 14. BIRTHPLACE (city or town). Unlike Town		
	sul lin t	14. BIRTHPLACE (city or town)	Name of operation Date of	
	lly sla		What test confirmed diagnosis? Olypercul Sagree Was there an au	topsy?
9	werr refully in pla tant.	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
	can FH ort	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury	, 19
	PLAINLY, WI hould be carefu OF DEATH in I very important.	Dans D. Ala Commission	Where did injury occur? (Specify city or town, county and State)	
	LA LILA	17. INFORMANT (W) William Could form	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLAC	E.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
1	n s SE is	Place Holy Curry Centrate \$\ 123 193	Natura of injury	
	-WKITE mation sl CAUSE TION is	mm colo	24. Was disease or injury in any way related to occupation of deceased?	
	HOH	19. UNDERTAKER (Address)	If so, specify	
No.	χ,	11/ 2001	(Signed) Chester Peland,	M. D
> ;	1	20. FILED Project 193	(Address) 2532 Ellimonden aver	a a a a a a a a a a a a a a a a a a a
			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	a Cu
	0-		1	1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS OF PHISIC	ADDITIONAL	FOR FURTHER STATEMENTS BY	PHYSICIAN
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FOR BINDI

MARGIN RESERVED

PHYSI-

ation should be carefully supplied ACE should be stated EXACTLY, P CAUSE OF DEATH in plain terms so that it may be properly classified. TION is very important. See instructions on back of certificate. CORD --THIS UNFADING INK -Every item of vaformation CIANS should state CAUSI statement of OCCUPATION

/	PLACE_OF DEATH
	County Balto.
	lage or City Revoterolins (No
	2FULL NAME LESSE Lee S.
	PERSONAL AND STATISTICAL PARTICULARS
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
-	DATE OF BIRTH
	Dec - 30, 1844 (Month) (Day) (Year)
7 /	GE [If LESS than
Ė	65 yrs. 3 mos. 20 de or min.?
(pq)	b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	(State or country) Mary Land.
NTS	10 NAME OF FATHER PACIFY Green State of Country) 11 BIRTHPLACE OF FATHER (State or country)
PARENTS	12 MAIDEN NAME Susannah Cook
	OF MOTHER (State or country) Mary Cloud.
14	(Informant) Charles & Green
	(Address) Rus terstonn mf.

Registrai

If more blanks are needed, addross State Registrar, 16 W. Saratoga St./Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

82-02

Registration Dist. No. 33

St: Ward)

(If deeth occurred in a hospital or institution, give its NAME insteed of etreet and number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	afor.		20	1923	Z
	Month)——	(Day)	(Yesr)	
17 I HEREBY CER	TIFY, Tha	t I attend	led the d	account fo	
mel 3/ 1	927 . to	Company.	20	, 192	3
that I lest saw h eliv					
and that death occured on	the date	stated abo	ve, at	2. a.	, eve
The CAUSE OF DEATH .	as es follo	we:			
Con to	,				
Cost		***************************************		Y	****
***************************************		***********			
	(Duratio	,		755	
6-1	(IJUFATIO	11	f2	M.98	da
Contributory Secondary	-				
···· ·································	(Duratio	n) 2 y	781	nos	de
(Signed) H. 712. Se Apr. 20 1928 Z(Ad	askes				
Phy 20	0	1	-	M.	. D
1923 (Ad	dress)				٧
*State the Disease Violent Causes, state (Accidental, Suicidal or Hon	Causing) Means	Death, or of Injury	, in de and (2	the from	
18 LENGTH OF RESIDEN	CE (For	Hospitals	Institut	ions, Tra	ne
ients or Recent Resident					
At place of death, yrsmos	ds.	In the State	yıs	mos	de
Where was disease contracted, if not at place of death?					
Former or usual residence.					
19 PLACE OF BURIAL OR F	EMPVAL	5 11	DATE OF	BURIAL	
asbury Cem	ter	1 6	hril	29, 19 4	2
20 UNDERTAKER	1	+ 8	DRESS	- 1	
une /2/	- 4	13	7-	1 -	

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15



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Codi; Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The Laborer-Coal mine, etc. Wom-Salesman. (b) material Grocery,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, etc. The contributory resulting from childbirth or miscarriage as cough; Committee on Nomenclature of Chronic affection need valvular heart death

answered in defail, it will prevent further correspondence. A I the Gata is essent.al and must be obtained before the certificate is permapently filed.

U

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

be

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63795
1. PLACE OF DEATH	82-0)
County Seetlywire	Registration Dist. No.
Village or City alberton	NoSt.,Ward
(If Length of residence in city/of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	10
2. FULL NAME Quita () Josus	W. J
(a) Residence: No. Ultrusu (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word))	21. DATE OF DEATH . 2 3 193 2/
Jemale White Married	(Month) (Day) (Year)
a. If married, widowed, or divorted HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year any Unknown 1858	I fast sawh the alive on april 23, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A.m.
75 // — 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or perticular	Cerebral Henerrhage 4.22
Industry or business in which work was done, as SILK MILL.	
D SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Mah diora cular
13. NAME Johlit Authur	Clicke
13. NAME Ohli 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Evanimatus was there an autopsy?
15. MAIDEN NAME Clifticour	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or equatry)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Assil J. Hornyll (Address) alterton ned.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURTAL EXPENSION, OR REMOVAL CHU, Oate CKV. 25, 1932	Manner of Injury
V. La Ital Salls	24. Wes disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER STORY STORY (Address) Ellipsid Plan	If so, specify
20 FILED DV. 251932 Albert My Kenzy	(Signed) Clipha h Herbert M. p.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II

The principal cause of death and related causes Date of onset of importance were as follows: The principal cause of death and related cause. The principal cause of death and related cause. of importance were as follows: Arteriosclerosis 1 week ago Run over bi Oreet car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage Julu5.1 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	and the same of th	Example II	parties &
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE EAU V.S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION

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Registrar.

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Example I	1	Example II	
The principal cause of death and related caus of importance were as follows:	Q Vate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1 1 923	Gastroenteritis	1 year

EVERY item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD MARGIN RESERVED FOR BINDIN A WITH UNFADING INK--THIS V. S. No. 1 m

PLACE OF DEATH	STATE OF MARYLAND
County Path Co. Truly ma	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Co.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME HULL	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 4/23/3, 7	17 HERERY CERTIFY, That I attended the decased from 192 to 192 192
(Month) (Day) (Year) 7 AGE If LESS that I day 1.0 hrs	and that death occurred on the date stated above, at
yrs. mos. ds. or min.	Markens
(a) Trade, profession or particular kind of work	JOUR POLICE
(b) General nature of industry business, or establishment in	(Duration)yrsmosds,
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF John Still	(Signed) M. D. M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Vinginia Former	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	SPLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Fio , (Kouty) 0	John Wesley Cern Opr 26, 1932
15 File for 25 19232 la (Registrar	6d. My an Balto
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

69700

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotice engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthgaged in domestic service for wages, as Nervant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Or especially in industrial employments, it is neces-Farm loborer, Laborer-At Home, and children, (b) Cotton mill; (a) Salcsman. without more precise specification as Day (b) Automobile factory. The material who have no occupation -Coal mine, etc. Womnot gainfully em-(b) The ques-

Statement of Cause of Death—Name, first, the pixEase causing Death (the primary affection with respect to time and causation), using always the same accepted ten for the same disease. Examples: "crebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) elanus) may be stated under the head of "contributory." Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart discose;

If this certificate is looked over thoroughly and all qu stings answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

0	HYSI- Exact	LPLACE OF DEATH SAL	STATE OF MARYLAND
(M)	T.	County Dallo Co. Ma	CERTIFICATE OF DEATH,
	LY, fled	Web ille	Registration Dist. No.
ORC	ACTLY assifile	Village or City William (No. 190	St; Ward) (If death occurred in
RECORL	y sel	F John G. F	St.; Ward) (If death occurred in a hospital or institu- tinn, give its NAME in- stead of street and
2	stated EXA proporly sla f certificate	² FULL NAME	number.)
EZ	000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z	o d	S SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWING A RIVER	Gr 5 1982
S. S.	ould b may b n back	(Write the word)	(Month) (Day) (Year) I7 I HEREBY CERTIFY, That I attended the deceased from
DIN	s on	6 DATE OF BIRTH	March 29 1932 to afor 5 1932
BINI IS A	tha	(Month) (Day) (Year)	that I last saw h.M. alive on apr 5 1982
S I	os Luc	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, atm.
FOI	plie ms inst	6 Syrs. / 3 I dayhrs.	The CAUSE OF DEATH & was as follows:
0 7	sup teri	8 OCCUPATION (a) Trade, profession or	
N IN	lain t.	particular kind of work	Bronols preumonis
SEF	refu n pi rtan	(b) General nature of industry business, or establishment in	(Duration), yrs mos de,
RES	rH i	which employed or (employer)	Contributory myocasditis - 8days
ZZ	EA1	(State or country) Culto Co. Md	Cheoria Intersteal Typhills (Duration) (Duration)
RGI H.	F DE	10 NAME OF FATHER TOTAL IN THE STATE OF THE	(Signed) Walter Stubbett M.D.
MAR	A D D	11 BIRTHENACE	Apr. 5/32 192. (Address) 2220 Sarrion To
- >	ation SAUS ATION	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
- P	000	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
AII	state (CCUP	13 BIRTHPLACE OF MOTHER	lents, or Recent Residents) At place In the
E	of o	(State or country)	of death yrsmosda, State,yrsmosda. Where was disease contracted,
E	sho ant	Elina Mille - Herel	if not at place of death?
1	NE OE	(Informant)	199-VAC
rei .	CIA	(Address) Washing Ma Josephile	Malin Comtine Por 837
å . ·		Filed pul 74 3 m n. Buffer	Englisher Fill Andrew
Þ.	2	/H/gistrar	12 Maylal 3539 tall Rd
	- 11	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Labover," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemeid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a Housewife, Househousehold only, (not pald Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

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ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as "Puerperal septicaemic." "Fuerperal peritonitis," etc. can be ascertained as the "Uraemia," "Weekn s " atc., when a definite disease rhage," "Inanktion" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustich." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause for whiel: surgical operation was under vulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart discase; (name origin; "Cancer" ls less definite; avoid (R-commendations on state-Example: Mcastes (disease caure. Always qualify all The contributory terminal (merely (secondnot be

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STATE OF MARYLAND—	CERTIFICATE OF DEATH (1380)
1. PLACE OF DEATH	199
County Battimas	Registration Dist. No.
Village or City Paramo Pt	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Daley Holcos	506
(a) Residence: No. 6 20 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (with 4 min) XIM COM	I last say h alive on R 19 19 32; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,1 hrs.	to have occurred on the date stated above, at 4:000:m. The PRINCIPAL-CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this progration (month and this progration from the second in the	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?\
[16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT David Hale one b (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place as bury Clouding Date afric /6,19 32	Manner of injury
19. UNDERTAKER S. It Cofigse & Son	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Jr 15 , 1937 J. M. Jonneson D. Registrar.	(Signed) M. D. (Address) O 31 Case 31 M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis 7 10-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
S A MY TROP *			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			· .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE mation sh TION is CAUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH

03802

1	. PLACE O	F DEATH			(B2)	
	County	Baltimore			Registration Dist, No. 32	
		City Howardyi		():	No. St.,	Ward umber)
		ME Emma J				
ľ					0 14-1	
	(a) Residen	ice: NoHo	wardville (Usualplace		St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	34735
	sex Female	4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Wido	(write the word)	21. DATE OF DEATH April 26th (Month) (Day)	1932 (Year)
5a.	If married, widow HUSBANO of					
	(or) WIFE of	James Hu	bbard		22. I HEREBY CERTIFY, That I attended of For many years 19 to April 26,	
_		(month, day, and year)	April 3,	1851	Hast saw her alive on April 26, 1932	
7.	AGE Yea		Oays	If LESS than 1 dayhrs.	to have occurred on the date stated above, at 3 Pom.	
		31 0	23	ormin.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	Date of onsat
N	8. Trade, profe kind of v	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	Mana			
TI	10.1	, BOOKKEEPER, etc business in which	1 porce		-	
UP/	work wa	s done, as SILK MILL, LL, BANK, etc.			Nephritis and	
OCCUPATION	O Oato deceas	ed last worked at pation (month and	11. Total tin	me (years) t in this pation	Uraemia	?
		Fre	derick		Other Contributory Causes of Importance:	
12.	BIRTHPLACE (ci (State or cour	., 0. 10411/	Maryland			
2	13, NAME	James Hor	wood			
FATHER			WOOU			
FA	14. BIRTHPLACE (State or		rvland		Name of operationOate of	
2	15. MAIDEN NA				What test confirmed diagnosis?	
MOTHER		Ulikilowii			23. If death was due to external causes (VIOLENCE) fill in also the following:	
MO		(city or town)	Unknown		Accident, suicide, or homicide? Oate of injury	, 19
17.	INFORMANT	·Mrs. J. L.			Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.		ION, OR REMOVAL Olivet Cem. Frederick. Md	n. April	28, 19 32	Manner of injury	
19.	UNOERTAKER (Address)	A. S. Marsha 3539 Falls	11		24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED Apr.	27, 1932 Dr	E. E. N	chols Registrar.	(Signed) Lo. W. McColo	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago KECKINGE Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	JRTHER STATEMEN	rs by	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial nephrifts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory susse of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No 3/2

Village or City Shummin Pruil No. R- 2FULL NAME Mrs addis I be	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) St.: Ward) St.: Ward of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH PRANT 4 , 1923 2 (Month) (Day) (Year)
Cletober 13 th , 1869 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 28 1982 to affine 4 1922, that I last saw here alive on April 4 1922,
8 OCCUPATION (a) Trade, profession or Americal Residual R	and that death occurred on the date stated above, at
b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Council Company 10 NAME OF	Contributory Secondary (Duration) yis mos J ds.
FATHER Melcuin Jesher 11 BIRTHPLACE OF FATHER (State or country) Carroll a Mil 0. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) M. D. *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State, yrs
(Informant) Hanny Dhes	if not at place of dea.h?
(Address) Spining and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
Filed Jr. 4 7 19232 J. H. Jimile h & Registrar	HBankwed + Im Westment

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationery fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, Physician, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon, without more precise specification as Compositor, Architect, Automobile factory. The material person, irrespective of Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia")

> "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the hard of "contributory." (Recommendations on statement of cause of death approved by Committee on conenclature of the American Medical Association.) American Medical Association.) earbolic acid-probably sweids. The n.ture of the injury, aceident; Revolver wound of head-homieide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Coreinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronie Example: Measles (disease etc. valvular heart disease; The contributory Always qualify all not be

If this certificate is looked over or ughly and all questions answered in detail. It will prevent furner correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1	P			
	infor-	state	UPA-	
1	n of	pluoi	1000	/
	itel	sh	Jo	/
	N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	matio should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	RD.	IXSIC	state	
	RECO	PH	Exact	
	LIZ	LY.		
	ANE	CT	ssified	
	RM	X	clas	
	PE	E P	erly	icate
	IS	state	prop	TION is very important. See instructions on back of certificate.
1	HIS	be	100	Jo
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2	Ż	E sh	it it	on
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(120)
County July Lines	Registration Dist. No. 320
	death ocurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	. / 8 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daniel Jacobs	
(a) Residence: No. Anna (Usus place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Waite OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / LHEREBY CERTIFY, That I attended deceased from
(or) WIFE of Dengle	deft 29 1925 to Cepr 13 1932
6. DATE OF BIRTH (month, day, and year) Mcl. 2/1896	I last saw hamalive on Chr. 13 4, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.4.5.m.
36 / // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, atc	0182 0-0+
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Chr. Chro. Cocino / mo
(b.0'	Other Contributory Casses of importance:
12. BIRTHPLACE (city or town) (State or country)	81. 2001
	Marie- Wysredder
E COUNTY OF THE PROPERTY OF TH	for chesis - 5 gr
14. BIRTHPLACE (city or town) (State or country)	Name of oparation
	What test confirmed diagnosis?
I TO MAIDER HAME ALLER WORKER	23. If death was due to axtaroal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
Cotate of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT This is the like of the (Address) an about my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIG PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Char Sluf Comoate Upr. 15, 1932	Nature of injury
19. UNDERTAKER John Way en	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Cimapoles Incl	If so, specify (D) R. C. C. D. C. L.
20. FILED 1936 Registrar.	(Signad) War Janes M. C. (Address) Baranaulle Mil
If more blanks are needed, address Star Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
2 2000000000000000000000000000000000000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

0

N. B.--E

PLACE OF DEATH	STATE OF MARYLAND
County /3allo	© CERTIFICATE OF DEATH
01	Registration Dist. No.36
Village or City [Mossen (No. 1) ensen	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFYCATE OF DEATH
3 SEX A COLOR OR RACE SINGLE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 22 , 1932
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mr 22 1932	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Thematice Rose
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE (State or country) 1 10 NAME OF	Contributory Secondary Dusation To you mos ds.
FATHER WM leusen	(Signed) Open Mangely MyD.
OF FATHER (State or country) Calmontle Mg	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Clarice Chomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Mrs Mary Foreman	Former or usual residence
(Address) 58 Reclaye	Jouglas Park thudy apr 22, 1953
15 Filed apr 22 1982 (I Matt felett Registral	WM Jensen & Dongles, But
If more banks are needed, addge s Ltate Negistras	r, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er, etc., Without more, Loborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foremon, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servout, Cook, Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the hisEASE CAUSING DEATH (the primary affection with respect)
to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Cas fracture of skull, and consequences (e. g., sepsis, lelanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature .corbolic acid - probably suicide. The n_ture of the injury, st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; merican Medical Association.) causing death), 29 ds.; Bronchopncumonia (secondary), (secondar) or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of ataident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart diseose; etc. The contributory

this certificate is looked over thoroughly and all questions of well of the duty is essential and must be obtained before the certificate is permanently filed.

1.	PLACE OF	PEATH	A J.		120		30
	County /	acten	2000		1 -	Registration Dist. No.	
	Village or City	e in city or town where	death popured	Le to	f death occurred in a hospital or institution, s. 22 ds. How long In U.S. if of tore	give its NAME instead of street as	nd number)
		0,	death occurred	- / /	us. How long in 0.3, if of tole	uRu nutus	_11103
2.	. FULL NAME	Sea.	rge l	5.10	ine of	~ 16- 5	m.
	(a) Residence:	No. Har	(Usual place of	abode)	St. Ward. Mard.	Il nonresident give city or town	and State
-	PERSONAL	AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERT	TIFICATE OF DEATH	l
3, 51	10.	color or race white	5. SINGLE, MARR OR DIVORCED	ED, WIDOWED, (write the word)	21. DATE OF DEATH	27 4 (Bay)	, 193 (Ya
5a. I	It married, widowed, of HUSBAND of	r divorcad					-
	(or) WIFE ot	angle				ERTIFY, That I attend	Z decease
. 6 D	DATE OF BIRTH (mon	th day and year)	200 111°	4 1862	I last saw h Annaliva on Co	8 26 4 195	2 death
7. A		Months	Days	If LESS than	to have occurred on the data stated abo	ve, at 4-A.m.	
6. D. 7. A	70	2	10	1 day,hrs	The PRINCIPAL CAUSE OF DEATH an were as follows:		
e -	8. Trada, protassion	, or particular	0	VI	were as ronows.		Date
TION	kind of work SAWYER, BDC	dona, as SPINNER, OKKEEPER, etc.	above	1			
4 4	9 Industry or busin work was don SAW MILL, B	lass in which				, ,	
CUP	SAW MILL, B	ANK, atc	wk		Che Endra	ed detin	10
E 84	Data decaased ia this occupatio yaar)	n (month and	11. Total tim spant	In this		w.e. usaanaa	
MSTructions 1ER 77	yaar)	9/	occup	>	Dther Coutributory Causes of important	e:	
12. 1	BIRTHPLACE (city or	town) 1000	15 00	race			
	(State or country)		1		Chr. arteria.	Schools	17
HER	13. NAME	trick.	Kane				
	14. BIRTHPLACE (city	or town)		***********	Name of operation	Date of	t
"	(State or cour	itry)	elano		What test confirmed diagnosis?	Was there a	n autopsy?
HER	15. MAIDEN NAME	Marga	ret Ca	mpbel	23. If death was due to external causes (VIOLENCE) fill in also the tollow	ving:
	16. BIRTHPLACE (city	or town)	2	/	Accidant, suicide, or homicide?	Date of Injury	19
od E	(State or cour		tElan	1	Where did injury occur?		
17. I	INFORMANT ZA (Address)	ed C	e ano	e e . M.	Specity whether Injury occurred in IND	Specify city or town, county and S PUSTRY, In HOME, or In PUBLIC	PLACE.
1 40, 6	BURIAL, CREMATION	OR REMOVAL	101 111	10 -	Manner of injury		
SI	Place	son single	Woods 41	7 1,193	- Nature of injury		
19. 0	111	Barred W.	ens H	1871	24. Was disease or Injury in any way re	lated to occupation at dance at	91
I 19. U	UNDERTAKER (Address)	myones	The later of	BY THE		lated to occupation of deceased!	
	1//2	Las A	Thomas	dage	If so, specity	6600000	<u></u>
20. f	FILED 47	195	Duly	Registrar.	(Signed) V POP 4 (Address) Control	from a - 1 Co	02:
					(Anniace)		

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
the sale with th				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

44		

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No.	
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STATE OF MARYLAND	-CERTIFICATE OF DEATH 03808
1. PLACE OF DEATH	(3)
County Agellinove	Registration Dist. No. 30
Village or City Ollu	No. St., Ward
Length of residence in city or town where death occurredyrs	mosds. Now long in U.S. if of foreign birth?yrsmosds.
Still Boy Clied Day	year Gestrule Kelley
2. FULL NAME COOL A	St Ward.
(a) Residence: No. (Usual place by abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (25 35
Male White Lingle	(Mopthy (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIEY That I attended deceased from
(or) WIFE of	april 25 1832, april 25 1933
5. DATE OF BIRTH (month, day, and year)	I last sawh Am alive on, 19; death is said
7. AGE Years Months Days If LESS that	
1 dey, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7 11
SAWYER, BOOKKEEPER, etc.	Sullviur
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year)	Oh C L L L C Com dimensions
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	4 mos Pregnancy
13. NAME Carrier Cellery.	
13. NAME 14. BIRTHPLAGE (city or town)	Name of operation
(State Oppounity)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN WAME LA STREET THOUGHT	death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or equintry)	Where did Injury occur? (Specify city or town, county and State)
IT ON FORMANT James Jeeling	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Place St. Johns Clu Date apr. 2519.	Nature of injury
Est Sold	24. Was disease or injury in-egy way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
14/22 - 22 VIII ReceNses 0	(Signed) Depha noterbert M. D
20. FILED 7 6 9 1932 Control Registrar	Crop a STATE
If more blanks are needed, aguress State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
25 U N 26			, _	
Other contributory causes of importance:	15 4 4000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-d state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact OCCUPATION is very Important. See instructions on back of certificate. RECORD BIND FOR WITH UNFADING INK--THIS RESERVED MARGIN

S. No.

PLACE OF DEATH

County Baltimore



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

Village or City <u>Catonsville</u> 2FULL NAME		ngton Road St.: Ward) (If death occurre a hospital or inition, give its NAM stead of street number.)	E ii -
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	==
3 SEX 4 COLOR OR RACE 1 Male White	SINGLE, MARRIED, Married OR DIVORCED (Write the word)	April 22 , 19% (Month) (Day) (Yea	
6 DATE OF BIRTH December (Month)	er 24 , 1.852 (Year)	17 I HEREBY CERTIFY, That I attended the deceased 4/17 193.2. to 4/12 , 193 that I last saw h im alive on 4/12 , 193	from
7 AGE	If LESS than	and that death occurred on the date stated above, at 8 A. The CAUSE OF DEATH * was as follows: Coronaus Thromboss	
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Baltimore	None	(Duration)	ds,
10 NAME OF	. Kelty	(Signed) Justien yrs. mos. (Signed) Justie Place	M. D.
OF FATHER (State or country) Baltin	nore, Md.	*State the Disease Causing Death, or, in deaths free Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.	
OF MOTHER Mary	Stler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, T	
13 BIRTHPLACE OF MOTHER (State or Country)	timore, Md.	At place of deathyrsmosds. Statetosmos	,ds,
(Informant) Mrs. Charles		if not at place of death?	
(Address) 1 Overbrook I	Registrar	Loudon Park Cemetery April. 25, 19 April. 25, 19 April. 25, 19 ADDRESS 1003 West Baltimore St., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	32

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer vous mire, of the en at home, who are engaged in the duties of the er," etc., without more proving a the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwhatever, write None. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Inamorrhage," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED Write the word) may I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH ee instructions (Day) (Month) (Year) and that death occurred on the date stated obove, IIf LESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. terms B OCCUPATION
(a) I rade, profession or particular kind of work plali (b) General nature of industry portant. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE OF FATHER ARENT Z (1) (State or country) TIO 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER ients or Recent Residents) State CCUP/ 13 BIRTHPLACE At place of death. ____yrs...... mos......ds. OF MOTHER Where was disease contracted, if not at place of death?.... Former or CIANS SHE statement usual residence. BURIAL OR REMOVAL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

*State the Disrase Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.....yrs....mos.....

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: 'a fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. er," et:., additional line is provided for the latter statement; it sary to know (a. the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, work, definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Salesman. Locomotive engineer, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation) is "Explored the same disease. Examples: (*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pacumonia, Brouchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The n-ture of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY discases causing Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary Whooping American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), by resulting from childbirth or miscarriage as cough; or intercurrent) affection need Committee on Chronic valrular heart disease; etc. The Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

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1PLACE	OF	DEATH			
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llage or City_	Co	lgate	999AIII 9AAAA ALA	(No	Solle



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4

	(No. Sollers Augusta Kresm	Point Road St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
color or race White	5 SINGLE, MARRIED, WIDOWEDWI dOWED OR DIVORCED (Write the word)	16 DATE OF DEATH April 7 1932 , 192 (Month) (Day) (Year)
May (Month		THEREBY CERTIFY, That I attended the deceased from March 25 1937 to April 1937, that I last saw My alive on April 1932
76 yrs. 10	moa. 9 ds. or min	8. The CAUSE OF DEATH * was as follows:
ssion or of work ure of industry blishment in or (employer)	at home	(Duration) Imparation de.
y) German	У	Contributory Secondary (Duration) mos. ds.
Frederic	k Doesch	(Signed) M. D. Obral 7 1932 (Address) Dandalk, 2013.
	many	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
chris	tena Friese	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens- ienta or Recent Residents)
Ge Ge	rmany	At place of death
TRUE TO THE BEST	T OF MY KNOWLEDGE	if not at place of dea.h?
John Kr	esment	Former or usual residence
Colga	te, Md.	Schnarts Cemelery april 10, 1,32
13 m /	Machine	Henge W. Zirkler 1737 E. Eager
If more branks are	needed, address State Registr	ar, 16 W. Saratoga St. Palto., Requesting V. S. No. 1.

rs Augusta Kresm 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OWED ON DIVORCED (Write the word) Female White 6 DATE OF BIRTH May (Month) (Day) IIfLESS th 7 AGE I day h 10 moa. 9 B OCCUPATION

(a) Trade, profession or at home particular kind of work (b) General nature of industry businesa, or establiahment in which employed or (employer) 9 BIRTHPLACE (State or country) Germany 10 NAME OF Frederick Doesch FATHER 11 BIRTHPLACE PARENTS OF FATHER Germany (State or country) 12 MAIDEN NAME Christena Friese OF MOTHER 13 BIRTHPLACE OF MOTHER Germany (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE John Kresment (Informant) Colgate, Md. (Address)

No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of death Whooping cough; Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRIT

V. S. No. 1

	1PLACE OF DEATH County Balto:	STATE OF MARYLAND CERTIFICATE OF DEATH
Vil	lage or City middleborough Couse 2FULL NAME John Knest	Registration Dist. No. 4 4 ca & Mules Rd St.: Ward) (If death occurred is a hospital or institution, give its NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male 4 COLOR OR RACE 5 SINGLE, MARRIED, Macried WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Ofil 18, 198 2 (Month) (Day) (Year)
6 1	March 30, 1873 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Merch 10 19252 to Capril 18, 1952 that 1 last saw h in alive on Capril 8, 1952
80	JGE 59 yrs. — mos. 18 ds. or min.? OCCUPATION a) Trade, profession or articular kind of work Retires	and that death occurred on the date atated above, at 2, 50 Pm Tha CAUSE OF DEATH * was as follows:
B	b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Durstion) yrs. / mos. & ds. Contributory Secondary
	10 NAME OF FATHER Henry Knester	(Signed) Sauty, My.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Barbara Ald 13 BIRTHPLACE OF MOTHER (State or Country) Sermany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents) At place of deathyrsmosds, Stateyrsmosds
14	(Informant) matilda Il. Kurster (Address) medalebrough	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed 4/20 192 2 John G. Cormelly Registrer	20 UNDERTAKER They is Connelly Come
	ir more Dianua are needed, address Stata Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

URILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	9-2
/	County Daltin or	Registration Dist. No.
	Village or City Catons will Offre	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred 14-yrsmos.	
	2. FULL NAME Joseph Langt	ans
	(a) Residence: No. 2013 C. Preston (Usual place of abode)	St., Ward. Salt
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / 3 193 2
	5a. If matriad, widoward or divorced	(Month) (Day) (Yaar)
	5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Cona Ray Rand	22. HEREBY CERTIFY, That I attanded deceased from
e.	6. DATE OF BIRTH (month, day, and year) Sent 571870	I last saw h in alive on Office 13 1932; daath is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.30 p.m.
tif	617.8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
of cer	8. Trada, profassion, or particular kind of work dona, as SPINNER.	Date of onset
	1 4 9. Industry or business in which	
back	work was dona, as SILK MILL,	000
on	SAW MILL, BANK, atc	Car Cudo Cardilea 6 Mes
instructions	Jest years and the second seco	Other Contributory Causes of importance:
ucti	12. BIRTHPLACE (city or town) (State or country)	
str	E 13. NAME Wensel Lang Ranz	arerio. Scherola m.
	T	
See	14. BIRTHPLACE (city or town) (State or country)	Name of operation
	C/1 0 7 10 1	What tast confirmed diagnosis? Was there an autopsy?
ant	15. MAIDEN NAME Elizabeth Klomed	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town).	Accident, suicida, or homicide? Date of Injury
mp	(State or country) Cleusbria	Where did Injury occur? (Specify city or town, county and State)
very in	17. INFORMANT Clana Langhaue	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is v	18. BURIAL, CREMATION, OR REMOVAL 4/,6/3-	Manner of injury
	Place Holy Certains Date 19	Natura of Injury.
TION	19. UNDERTAKER Harry N- Suitable (Address) 4 (1) (Balman Jane) Can	24. Was disaase or injury In any way related to occupation of deceased? . Ho
	111 2011	If so, specify (Signad) POCK E Garrett M.D.
3	20, FILED 7/14, 19 Registrar.	(Addrass Catonizulle Ind-
1.	If more blanks are newed store Shire Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis LAY 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

OCCUPA-	/	1
AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/	
Exact		
classified.		
properly	NON is very important. See instructions on back of certificate.	
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may	back	
=	no	
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S	. ii	
AD	101	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	08	0	4	20
0	5	0	1	4

1. PLACE OF DEATH	_		46)	
County Baltimore			Registration Dist. No. 4	3
Village or CityRaspeburg		/10	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where dead	th occurred		death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death of the continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution, give its IVAIVIE, instead of street and continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution of the continuous death occurred in a nospital or institution occurred in a nospital occurred in a nospita	
2. FULL NAME Theresa	Lenhard	t.:		
(a) Residence: No. Hazelwa	Ood Ave (Usual place of	Raspe	Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	or Divorced (write the word)	21. DATE OF DEATH April 30th (Month)	., 193.2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of John Lenha	ardt		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Aug	. 20, 1	878	I last saw h. A. alive on April 30 ,193	
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8:20 Pm. M .	
53 8	10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, Hosawyer, Bookkeeper, etc.	ousewif	е	Jestie Persona	1400-
9. Industry or business in which	9. Moustry or business in which		Orestand 11/2	24000
10. Data deceased last worked at this occupation (month and year)	11. Total time spant i	in this	showe Int. Miket.	7 hand
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance;	
E 13. NAME Alex. Majors	ky			
13. NAME Alex. Majors 14. BIRTHPLACE (city or town) (State or country) Austria	a		Name of operation Oate of What test confirmed diagnosis? Was there an	
置 15. MAIDEN NAME Katherin	e Renner	r	23. If daath was duo to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Katherin 16. BIRTHPLACE (city or town) (State or country) Aus	tria		Accident, suicide, or homicide? Date of injury Where did injury occur?	•
17. INFORMANT John Lenha: (Address) Hazelwood A	rdt ve. Ras	peburg	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer			Manner of injury	
19. UNDERTAKER Frederick La. (Address) 7401 Belair	Road Road	for	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20. FILEO 5 / 2 , 1932 5 C	2. Fin	M.D. Registrar.	(Signed) A . MAN	M. D.
If more bla	nks are needed, add	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 -Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1 week ago Tulu 5.1927 Paritonitis Cerebral hemorrhage 3 days ago contributory causes of importance: Other contributory causes of importance: Gallstones 1923 Gast 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

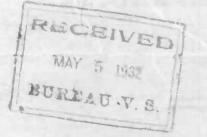
of more blanks are needed, address State Registrat 16 W. Saratoga St., Balto., Requestive V. S

additional line is provided for the latter statement; it nature of the business or industry, and therefore an eary to know (a) the kind of v worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) Civil engineer, Stationary fremen, etc. But in many ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ccal mine, etc. Womtired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. whatever, write None. usiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed etc., or At Home, and children, not gainfully emwithout more precise specification as Day exments, it is necesand also (b) the The material

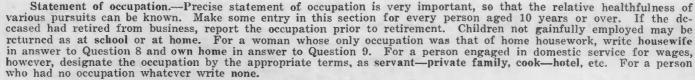
Electroment of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronohopneumonia ("Pneumonia."

symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as ary), 10 ds. Never recausing death), 29 ds.; Bronchopneumonia (secondcan be ascertained as the cause. Always quality all and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Urnemia," "Weakness," etc., when a definite direase rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure. head of "contributory." quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poteoned by carbolic acid-probably sutcide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Puerperal septicaemia," "Puerperal peritonitie," etc. vulsions," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) rt mer thenia," "Anaemia" (Recommendations on statemotoms or "Haemorterminal (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



RESERVED



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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	il	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy 8 A NYXXI	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis (,)	3 days ago		
		ECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

1	S	TATE C	F MAR	YLAND-		CATE (OF DE	ATH	03817
1. PLA	CE OF DEAT	THO			162	_(82°a)			
Cou	ity 199	ehr	you				Registratio	on Dist. No	74
Villa	ge or City	roux (mon	V-7	No				St.,Ward
Leng	h of residence in cit	y or town where o	death occurred3		death occurred in a ds. How				
2. FIII	L NAME	John	Linta						
	Residence: No.	Man	14-40	12 TX	-st m	Blade			
(4)	itesidence. Ite	7.11	(Usual place	of abode)		araja.	If nonreside	ent give city or to	wn and State
	RSONAL AN		ICAL PART	CULARS		EDICAL CE	RTIFICAT	TE OF DEA	тн
Mal	ark	R OR RACE		RRED, WIDOWED, D (write the word)	21. DATE OI	F DEATH W	(Month)	Q / (Day)	, 193 2 (Year)
5a. If marrie HUSBA (or) W	d, widowad, or divo ND of FE of	rced have	1	0	22. I F			FY, That I at	tanded deceasad from
6. DATE OF	B1RTH (month, day	, and year)	8-17-1	857	I last saw h				9; death is sale
7. AGE	Yaars	Months	Days	If LESS than	to have occurred o	on the date stated	above, at	nı,	
	74	8	4	l day,hrs.	The PRINCIPAL (CAUSE OF DEATH	and related ca	uses of importanc	Date of onset
-11-	e, profession, or pa tind of work done, SAWYER, BOOKKEE	PER, etc.	abor		app	rolse	~ /	/	Date of onset
9. Inde	stry or business in work was dome, as S	ILK MILL	the It	380.			Y		
U 10. Date	SAW MILL, BANK, a deceased last wor	ked at	11. Total t	ime (years)					
- 1	hls occupation (mor	ith and	sp3	ntin this upation					
12 RIRTHPI	ACE (city or town).	Cul	la		Other Coutributor	ry Causes of impor	tance:		
	e or country)	wite	claud	/					
13. NAM	E leuko	usou		0 0					
14. BIR	HPLACE (city or to	wn) Juve	etzer	and	Name of operation	n		Da	te of
~	State or country)	, ,	1		What test confirm	ed diagnosis?	.	Was the	ere an autopsy?
15. MAI	DEN NAME	upu	ioure		23. If death was du	a to external caus	es (VIOLENCE)	fill In also the fo	ollowing:
	HPLACE (city or to	wn)	15.16	Tree A.	Accident, suicide,	or homicide?		Date of injury.	19
	State or country)	111	1-17	0-0	Where did Injury		(Specify city	or town, county a	and State)
	ress) Shock		out	wed.	Specify whether la	njory occurred In	INDUSTRY, in	HOME, or in PUBI	LIC PLACE.
	CREMATION, OR R	EMOVAL	L 11	051	Manner of injury				
Place	Satim	The lappa	LagateT	- 25 1932	Nature of Injury				
19. UNDERT		t I Jy	illa m		24. Was diseasa er	Injury in any wa	y related to occ	upation of deceas	ed?
(Add	A	A .	with ?	35	If so, specify	yeur	20	vvv	
20. FILED	en 122,1	9321.7	bruell	Registrar.		1055) A. 10. 1	348	Spore	us Am
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Stre	cet, Baltimore, Req	uesting V. S. N	1d. z.	

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Example I			Example II	
The principal cause of death and related of importance were as follows:	causes	Pare of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	esi.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	87	921	Run over by street car	1 week ago
Cerebral hemorrhage	50	5 uly 5,1927	Peritonitis	3 days ago
	C.			
Other contributory causes of important:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 10.—The month and year the deceased last worked at the occupation.
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1	Example 11		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	panisosa		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR, FURTHER STATEMENTS BY PHYSICIAN						
		4,154				

RECORD BIND MARGIN RESERVED

PLACETOF	DERTH	
County	Um	norl



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the decease and that death occurred on the date stated above The CAUSE OF DEATH * was as follows: Contributor Secondary (Duration)

	1/-/	
*State the Pissase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	In deaths from and (2) Whether
1B LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institutions, Trai
At place of deathyrsmosds.	In the State	yrsmos
Where was disesse contracted, if not at place of dea.h?	******************	

usuai	aldence	7		
19 BQ	CE-OF E	BURIAL	OR REM	10XAL
10	/	1. 1		Kon
. / ~	1	nu	701	1120

Former or

OF BURIAL

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

staten

/ Vi	nage or City	L NAME	Ber	m	iel	me
	PERSON	IAL AND	STATIST	ICAL I	PARTICU	LARS
3	M.	4 COLOR	OR RACE	WID	RIED,	ingle
6 1	DATE OF BIR	TH	apr (Month)	il	7 (Day)	, 1875 (Year)
7 /	AGE	55 yrs		mos	2 de.	If LESS than I day hrs. or min.?
CO P	a) Trade, proparticular kind barticular kind b) General na business, or es which employe	d of work sture of ind stablishment	t in	Da	lore	
9 1	State or cou	intry) -			m	col
	10 NAME O	an	nes	7	nac	dden
ENTS	OF FATH (State or	er oountry)		0,	m	a
PAR	0F MOTH		e. c	Try	fin	1
	OF MOTH (State or		0	sec	k	
14	(Informant)	mai	THE BEST	W.	RNOWLE	Yew

15

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Locomotive engineer, 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropay,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death approved by Committee on Nomendature of the American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate i local on thoroughly and all questions answered in detail, it will prevent further cortinopolience. All the data is essential and must to obtained before the certificate is permanently filed.

BINDIN

FOR

RESER

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
4.1		•		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:		
THE CONTROL OF THE CO	May 1,1325	(rastroentertus	1 year	
			•	

FOR BINDING MARGIN RESERVED

N. B.—WRIT V. S. No. 1

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEAT
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63821

1	L. PLACE OF DE	ATH timore			46	CAX
	County				Registration Dist. No. 2	3
	Village or CityF	laspeburg,	R. F. D.		Nd Cormick's Lane nr. Hazelwood A	
	Length of residence in	city or town where	deeth occurred	fe _{yrs} mos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	лиmber) osds.
	2. FULL NAME	Charles J	. McCormi	ick		
	(a) Residence: No.	McCormick	's Lane r	r. Hazelwo	od Ave. Ward.	
	(a) Residence. No.		(Usual place		If nonresident give city or town and	State
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 1, (Month) (Day)	, 193 2
5a.	If married, widowed, or di				, , , , , , , , , , , , , , , , , , , ,	(Year)
	(or) WIFE of Elle	n J. Lamb	right		22. HEREBY CERTIFY, That I attended	deceased from
	DATE OF BIRTH (month,	Se	pt. 27,	1852	im Mcb . 31 32	, 19
	AGE Years	Months	Devs	If LESS than	to have occurred on the date stated above, et 12:15P.m.	; death is said
	79	6	5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
-	8. Trede, profession, or	particular	1	ormin.	were es follows: Cancer of the Stomach	Date of onset
0	8. Trede, profession, or kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, etc	Farmer			(Probab.
OCCUPATION	ndustry or business work wes done, a	in which			,	ly)
2	work wes done, a SAW MILL, BANK 10. Date deceased last w		1 11 7-41			-4-yrs
ŏ	this occupation (n	nonth and	spa	ime (years) nt in this		
-) your/		_	upation	Other Contributory Causes of importance:	
12.	. BIRTHPLACE (city or tow (State or country)	n)Ba Marvla	ltimore			
œ	1	inder McCo				
FATHER	13. WAWE 221 ON	mood mood	IMIOR			
FA	14. BIRTHPLACE (city or (Stete or country)		nd		Name of operation Date of	9.7
2	15. MAIDEN NAME M8				What test confirmed diagnosis? Was there an a	utopsy?NO
MOTHER					23. If death was due to external causes (VIOLENCE) fill in also the following	
MO	16. BIRTHPLACE (city or (State or country	town) Irelan	đ		Accident, suicide, or homicide? Date of Injury	, 19
	Mac			r	Where did Injury occur?(Specify city or town, county and Stat	e)
17. INFORMANT Mrs. Chas. J. McCormick (Address) Raspeburg, R. F.D. Alaul					Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ACE.
18.	BURIAL, CREMATION, OR		ormul to	mily Burying	Manner of Injury	
	Place Carlo	wood	Date_Up	U. 4 ,19 32	Nature of injury	
10	UNDERTAKER From	1. Lasas	h t	2-	24. Was disease or injury in any way related to occupation of deceased? N	0
13.	(Address) 7401	Belain O	Road	4.1	If so, specify	V
20	FILED. 4/2	1037 9	IF	tma.	(Signed) a. L. Milinia	ace M.D.
20.	TILLU f . f . Lowt	, 130. 562 , 6. 10		Registrar.	(Address) 5713 Belair A.L. Hilkinson	, 7

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week age			
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago			
	ASR 8 1932						
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones	BURLAU V. S.	May 1,1923	Gastroenteritis	1 year			

STATE OF MARYLAND-

111110

CERTIFICATE OF DEATH 03822
(3)
Registration Dist. No.
into Grave Hospital St. Ward
death occurred in a horpital or institution, give in NAME instead of street and number)
ds. How long in U. S. If of foreign birth?yrsds.
all Barba
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Yaar)
22. I HEREBY CERTIFY, That I attended deceased from
I last saw h 2 aliva on 1932 death is said
to have occurred on the date stated above, a 43° A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance
were as follows: Date of onset
(P) () 1,
Che mon Replantes 175
Other Contributory Causes of Importance:
20
Che Endo cardety 17
Name of operation
What test confirmed diagnosis?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accidant, suicide, or homicida?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Specify mount, many security in mount, or in reality reality.
Manner of injury
Nature ot injury
24. Wes disease or injury in any way related to occupation of deceased? 900.
If so, specify 6
(Signed) OOF C Yave M.D.
(Address) Catorse lle M.d.
2. N. Charles Street, Baltimore, Requesting U. S. No. z.

20. FILED

BINDIN

MARGIN RESERVED

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Exar	nple I		Example II	
The principal cause of death of importance were as follows	and related causes	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	4 1032	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAI	July 5,1927	Peritonitis	3 days ago
\\ E	BURMATI V. E	· '`\		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



state

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BILL STATE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(U.5824
S to set	PLACE OF DEATH	STATE OF MARYLAND
TYSI- Exact	Britisare	CERTIFICATE OF DEATH
ā ; /	County Valumore	Registration Dist. No. 3.2
ORD ACTLY, I Hassified	Ph000	Registration Dist. No.
B. IT's	Village of City (No.	St.: Ward) (If death occurred in a hospital or institu-
CORE XACTI CHASSI CATE.		tion, give its NAME in- stead of street and
田田	2FULL NAME Mary Starle	Melsedata number.)
Stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
CK 60 0 X	or DIVORCED infant	(Month) (Day) (Year)
ERM ould may n ba		174/ I HEREBY CERTIFY, That I attended the deceased from
N DEF	6 DATE OF BIRTH	4/11 1927. to 4/14 , 1937
B A F E slati	February 28, 1932	that I last saw h alive on 4/13
S S ACE	(Month) (Day) (Year)	and that death occured on the date stated above, at lad
FO I	7 AGE If LESS than I dayhrs.	
HIS	yrs. ONe mos. / 6 ds. or min.?	Capellary Decepition
VEI	8 OCCUPATION	- Probablet Brouch. Promotion
E > 0 - 0	(a) Trade, profession or particular kind of work	(Nad mense then sheld a minute
SE IN	(b) General nature of industry	we house I am
RE:	business, or establishment in which employed or (employer)	(Duration) yes mos ds.
ADING Carel ATH In Importa	9 BIRTHPLACE	Contributory Mospley Caugh
GIL	(State or country) / Resville	Duration yrs Jano 11/20
UNF UNF F DE	1 10 NAME OF 6	(Signed) Eury F. Cassede M.D.
> 00>	FATHER Rae J. Meredith	4/14 13/2 (Address) / Upslessefor Ca
TH sh	I BIRTHPLACE OF FATHER	
≥ 500 000	(State or country) Reintertown Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
ATI	T 12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
L par	13 BIRTHPLACE	ients or Recent Residents)
AIN	OF MOTHER of	At place of death yrs mos ds.
P + po	(State or country) / wans / lown / ma	Where was disease contracted, if not at place of death?
E	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
9 8	(Informant) Mrs V Mus Rae J. Meriditt	usual residouca
Every Ehn CIANS sho statement		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Ver IAN	(Address) /// Olaf Court Old.	Johnson 7/13, 1982
m O w	15 Filed Hhail 10 192 Ila & & Tielols	20 UNDERTAKER ADDRESS
o o	Registrar	11 10h 12170 out
p' KZ		r, 16, W. Saratoga St., Bulton Requesting V. S. No.1.
	Axecides by all of her pary	recease, Who gave 36.4.

ine Labora C.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. tion applies to each and every person, irrespective of cupation is very important, so that the relative health. state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Househeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Physician, Compositor, Architect, Housemard, etc. Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coul mine, etc. Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid—probably suicide. letanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "PUERPERAL septiacemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Example: Measles (disease The nature of the injury, etc. The contributory valvular heart disease; Always qualify all Measles; of the death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION

FOR BINDIN

MARGIN RESERVED

03825

1. PLACE O			(93°C)					0	00-00				
County	Baltimore							1	Registrat	ion Dis	st. No	32	
Village or C	Village or City Pikesville,						Sherwo	od .	Ave.			_St.,	Ward
Length of resi	Length of residence in city or town where death occurredyrs,mo						(If death occurred in a hospital or institution, give its NAME instead of street and number) 105. ds. How long in U.S. if of foreign birth?					number)	
2. FULL NA	ME Mary A	gnes	Merkel	•									
(a) Residen	nce: No. 15	Sher	wood Av (Usual place		St.,	1	Ward.		If nonresi	dent give	e city or t	town and	d State
PERSON	AL AND STATI	STIC	AL PARTI	CULARS		ME	EDICAL C	CERT	TIFICA	TEC	F DE	ATH	
3. SEX Female	OR DIVORCED (write the word)						DEATH	Apr	il		26th		, 193 2 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced Wm. H.	Merk			22. Aug.	1 H	EREB	YC	ERT	IFY,	(=-27	attended	deceased from
	(month, day, and year)		nuary 8		I last saw h.s	er.	alive on	Apr	il	26	th	1932	.; death is said
49	l dayhr				to have occurred on the date stated above, at 5 Pem. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				100				
8. Trede, profes	ssion, or particuler work done, as SPINNER, BDOKKEEPER, etc	Но	usewife										Date of onset
9. Industry or	business In which s done, es SILK MILL, LL, BANK, etc					hr	onic My	7008	rdit	is			1927
	ed last worked et pation (month end	•	sper	me (years) It in this Ipation								,	
12. BIRTHPLACE (cit (State or cour	,,		re Co.		Other Contri	butery	Causes of imp	portanc	e:				
13. NAME	Wm. C. S												
1.	(city or town)		timore		Name of ope								
(Stete of			aryland Smith		What test cor	nfirme	d diagnosis?				Was t	here en	autopsy?
15. MAIDEN NA	Co.	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?											
2 (State or	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.				te)								
(Address)								DE10 1 E					
18. BURIAL, CREMAT	H .												
19. UNDERTAKER (Address)	24. Was disees	se or l					-						
20. FILED April	(Signed)		5 ·/c	ike	Mc svill	che, 1	al.		M. D.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	İ	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

110011101	NAL SPACE FO	it i Chiliabit b		or intercian	
	511-74		A_1		

IS A PERMANENT RECORD, Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT JUSE OF DEATH in plain terms, so that it may be properly classified. BINDIN TION is very important. See instructions on back of certificate. FOR WITH UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. AGE should be MRITE PLAINLY,

V. S. No. 1

STATE	OF	MARYL	AND-C	CERTIFI	CATE	OF	DEATH
-------	----	-------	-------	---------	------	----	-------

1. PLACE OF DEATH	(3826)
County Baltimore	Registration Dist. No.
Village or City Reisterstown Wd.	No. Mt. Pleasant Sanat St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	s. 16 ds. How long in U.S. if of foreign birth? 35 yrsmosds.
2. FULL NAME Mr. Harry Milhise	
(a) Residence: No. 129 N. Hulton ava (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word) Market	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Was: Rae Millinger	22. I HEREBY CERTIFY, That I attended deceased from
	april 30, 1931, 10 april 16, 1932
6. DATE OF BIRTH (month, day, and year) Hebruary 2-1889 7. AGE Yeers Months Days If LESS than	I last saw h
43 7 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Intronary Tuberculosis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL. Candy Stove (Keefse) 10. Dete decesed last worked et 11. Totel time (yeers)	The william for the state of the
10. Dete decessed last worked et this occupation (month and year) 1/0 N = 1/9 3 1.	
12. BIRTHPLACE (city or town) Lewistown (State or country) Pennsylvania U.S.A	Other Cautributery Causes of importance:
The state of the s	
13. NAME Tours Mulhisur 14. BIRTHPLACE (city or town)	Name of according
(State or country) United States	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jennie Haiman	What test confirmed diagnosis?
15. MAIDEN NAME Jennie Haiman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country) United States	Where did injury occur?
17. INFORMANT Sucal Indell (Address) 605 8.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Harage 100 Date 7 7 1982	Nature of injury
19. UNDERTAKER OUL Lines (Address) 1439 8. Julio	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Cfr. 16, 1932 14. M. Sessitra.	(Signed) albert - t. Shrier M.D.
Kegistrar.	(Address) Nusuproum Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	03827	
PLACE OF DEATH	STATE OF I	MARYLAND
County Jalumore	CERTIFICATE	OF DEATH
	Registration l	Dist. No.
Village or City Wise Lug (No.	St.: Ward)	(If death occurred in a hospital or institu-
2 FULL NAME Elda may m	illen	tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH April	(Day) (Year)
B DATE OF BIRTH	17 HEREBY CERTIFY, That Tatt	
June 27 1897	Coporto 16 193 700 Cop	med 0, 1932
(Month) (Day) (Year)	that Plast saw he alive on Up	rel 20, 1923 Z
7 AGE [If LESS than	and that death occurred on the date stated	above, at 1030 Rm.
3 4 yrs. 90 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows	tenorback
B OCCUPATION (a) Trade, profession or	(Plantery) //6
particular kind of work	6	
(b) General nature of industry business, or establishment in	Pla -	2
which employed or (employer)	Durghor	mosds.
9 BIRTHPLACE (State or country) Wansland	Contributive Secondary (Duration)	Julian.
10 NAME OF John Best M. De	(Signed) Stolet	M. D.
II BIRTHPLACE	1927 Lh. 1927 LAddress	preson (
OF FATHER (State or -country)	*State the Discase Causing Death, Violent Causes, state (1) Means of ln Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER Objects hat Mille	18 LENGTH OF RESIDENCE (For Bospit	
13 BIRTHPLACE	At place In the	vrsmosda.
(State or Country) Many Land	Where was disease contracted.	y16
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	
(Informant) Mis Gillet Seis	usual residence	
0-1 1005 8	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Consensuate Man	Westerg Cens.	June 15,000
Filed apr. 22 1932 MB ortuer Md.	20 YNDERTAKER	ADDRESS
Registrai	L. Stack / Times Leaves	/ourers.

If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective cl tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cooks en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal feacr (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"('Inanition,'" "Marasmus,'" "Old Age,'" "Shock," "Uraemia,'" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this cartificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information shuld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00040
CountyBaltimore	Registration Dist. No. \$ 8
Village or City EUDOWOOD SANATORIUM, TOWSON,	MQNo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lever / Level /	hiller
(a) Residence: No. 1806 M. Carolina	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (garrier the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Three Thilles	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qct. 28, 1875	I last saw h.i. 200 elive on April 7 1932 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5 28 1 day,—hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one of 1947
	/
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spent in this	
year) spant in this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Dalking (State or country)	Other Contributory Causes of importance:
13. NAME Charles / Levy Miller	
13. NAME Charles / Lewy Milles 14. BIRTHPLACE (city or town). Balt	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an au opsy?
15. MAIDEN NAME Isabel Social	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Hospital Records Rersonal History	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT SPOWOOD SANATURIUM, TOWSON, MD.	THE STATE OF THE S
18. BURIAL, CRIMITION, OR REMOVAL Place found for Date 4/30, 1932	Manner of Injury
19. UNDERTAKER COM COOK (Address) 1217 St. Paul	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED april 26, 1932 We P. Batte Seef Registrar.	(Signed) (Signed) M.D. (Ardress) Elidowood Sand, Towson, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MANY 177 1999	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BYTH V S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		and the state of t	

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 39

than

20 UNDERTAKER

Registra

If more branks are naaded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

SI-		PLACE OF DEATH
EX		County Baltimus
Selfled	Vil	lage or City Levies (No
		2FULL NAME Elizabeth 1
atec		PERSONAL AND STATISTICAL PARTICULARS
be st be pr ck of	3 5	BEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)
たも0	6/1	DATE OF BIRTH
tha		(Month) (Dsy) (Year)
so nc	7 /	If LESS than l day hrs. mos. ds. or min.?
efully supported in plain terminant. See I	(p) (1) b	a) Trade, profession or Articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
Se cal	9 E	SIRTHPLACE (State or country)
ould OF DE		10 NAME OF FATHER WINDOWN
(A	STNE	11 BIRTHPLACE OF FATHER (State or country)
ATI	<	12 MAIDEN NAME OF MOTHER OF MOTHER
inford state		13 BIRTHPLACE OF MOTHER (State or Country)
o I o	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
S sh ment		(Informant) Why Home Reviel
320		(Address) Types Mel
֡	f information should be carefully supplied. ACE should be state CAUSE OF DEATH in plain terms so that it may be OCCUPATION is very important. See instructions on back	whem of information should be carefully supplied. ACE should be stated EXACTLY, Plan Should state CAUSE OF DEATH in plain terms so that it may be properly classified. The parents of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH OLD 4, 1982.
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
My 28 1923 to april 4 , 152 2
that I lasy saw h 12 alive on Aland 3 1923 3
and that death occurred on the data stated abova, atm.
The CAUSE OF DEATH * was as follows:
arterio Eclerono
Chronic nephralis
yrsmosds.
Contributory Secondary (Durstion)
Q D Barren
(Signed)
april 4 192 Z (Address) Crehy mel Mig
*State the Disesse Causing Death, or in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ienta or Resent Residents)
At place In the Stateyrsmosds. Stateyrsmosds.
Where was disesse contracted, if not at place of death?
Former or usual residence
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

.....Ward)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ccidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.



mation ,c -WRITE

of OCCUPA.

properly classified.

63830

1. PLACE OF DEATH	
county Baltimore	Registration Dist. No. 2 00
Length of residence in city or town where death occurred	No. St., Ward of MD, occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Jok Howey (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h Polive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	Illust me I for 1978
12. BIRTHPLACE (city or town) New york New of Carlotter (State or country)	Other Contributory Causes of importence:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operetion Date of What test confirmed diegnosis? Was there an au opsy? 22
15. MAIOEN NAME 16. BIRTHPLACE (city or town) Scotland. (State or country) Hospital RecordsPersonal History	23. If doath was due to external causes (ViOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT DOWN OOD SANATORIUM, TOWSON, MD, 18. BURIAL, CREMATION, OR DEMOVAL 20.00	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER Marquet & Thymas (Address) /4-2 & Treat & Thymas	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILEDAJE 2 , 1932 July Butter . Registrar.	(Signed) / / / / / / / / / / / M. D. (Ardress) Eudo Wood San , Jowson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none,

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NANY 17 1039	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PHRAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Det to the c	

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13831
1. PLACE OF DEATH	
County Sallinore	Registration Dist. No
Village or City Certonsille	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds,
2. FULL NAME Mary Elisabeth	N. 00
I Hall Xa	St Ward.
(a) Residence: No. 16 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SHIECE, MARRIED, WIDOWED, OR DIVORCED Curric the word) Temale Will Tarried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Lluam Q. Mull	22. I HEREBY CERTIFY, That I attended deceased from Mark - 24, 1952 to Mark - 7, 19.32
6. DATE OF BIRTH (month, day, and year) O 3. 78, 1860	I last saw her alive on April 5 , 19 3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.15 Pm.
71 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Solvette Mephoritis Fed 3,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	
11. Total time (years) this occupation (month and year)	
12, BIRTHPLACE (city or town) Cramonalta	Other Contributory Causes of importance:
(State or country)	Milma Secondary
13. NAME Nathamel Hibbits	
13. NAME Wathamel Hubbits 14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Mary E. Mary	23. If deeth was due to axternal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Way & . Warring 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mus. Reland Oslon (Address) 16. Henry Ore Colons 18.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVALD	Manner of Injury
Plachandon Varke Data Upr. 7, 193)	Nature of injury
19. UNDERTAKER Leaston Soms (Addressy Elly of Call Male	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4 P. Al Audura.	(Signed) M.D. M.D. (Address) Market Mark
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDZEU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?yrs.mos.ds. Length of residence in city or town where deeth occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 12 (ant (Month) (Year) 5a. If merried, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) Days 7. AGE Years Months If LESS than to have occurred on the date stated above, at 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc... OCCUPAT 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et 11, Totel time (years) this occupation (month end spent in this occupetion ... instructions 12. BIRTHPLACE (city or town) (State or country) FATHER Neme of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an auropsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR Manner of Injury TION Neture of Injury 24. Wes diseese or injury in env way related to occupation of deceesed? 19. UNDERTAKER (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	BURKAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

(Year) HEREBY CERTIFY. That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Oate of onset

23. If death was due to external causes (VIDL ENCE) fill in also the following:

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or Injury In any way related to occupation of deceased?

(Address) Cot Ouses

If more blanks are needed, addyss State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITION	IAL SPACE	FOR	FURTHER	STATEMEN	TS BY	PHYSICIAN	m () .			-
CO. RECTION	OF AGE:	LETTER	filed	May 18,	1932 und	er Dr	. Robert .	E. Val	rrett	0.00	10

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R information hould be carefully supplied. AGE should be stated EXACT state C. 1925 OF DEA. in plain terms, so that it may be properly class.	
•	N. B.—WRITE PLAINLY, WITH information hould be careful state C. 1995 OF DEA	

1	CURTIFICATE OF DEATH (PQ)		
इंदुइं	1, PLACE OF DEATH.	Registered No.	
shour shour	without BALTIMORE (No.) Mes	(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
ANA	Length of residence in city or town where death occurredyrs	yosds. How long in U.S. If of foreign hirth?yrsmosds.	
et s	2. FULL NAME June Gwenell	in norris	
PHYS PHYS Exa	(a) Residence: No. Randlestone C. O. Usual place of abode)	St., Ward	
复	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NENT XACE ly classificate.	3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 21. I HEREBY CERTIFY, That I attended deceased from	
EX rify rtifi	5a. If married, widowed, or divorced HUSBAND of	, 19, to, 19	
RMAI ed Ex coperl certi	(or) WIFE of	Flast saw h alive on death is said	
PE stat e pi c of	6. DATE OF BIRTH (month, day, year) Jan 18- 1930	to have occurred on the date stated above, atm. The principal cause of death and related causes of	
A pe	7. AGE Years Months Days If LESS than	importance were as follows:	
IS ma	3 7 1 day,hrs.	Treumonia Landon	
THIS E sho hat it tions	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	diagnosis of physician at	
K—AG So t truc	work was done, as silk mill, saw mill, hank, etc.	Norpital Osaltemore	
G INFied.	11. Total time (years) spent in this occupation month and year)	Other contributory couses of importance;	
Supplication of the Section of the S	12. BIRTHPLACE (city or town) Sello CO.		
NFA Ily plai	5 13. NAME Semuel nerus		
eful in in	4. BIRTHPLACE (city or town) Bello . Co	Name of operation	
	(State or country)	What test confirmed diagnosis?Was there an autopsy?	
be DEA	15. MAIDEN NAME GENSIA Waters	following: Accident, suicide, or homicide?	
ould OF	(State or country)	Where did injury occur?	
See	Carrier Jana	Specify whether injury occurred in industry, in home, or in public	
信奉	17. INFORMANT (Address) To And Manager (Address)	place.	
H TOA	18. BURIAL CREATION, OR REMOVAL	Manner of injury	
'RI' for tate CC	Place 1 1032 Date 4/26 , 1932	Nature of injury	
S.—II.	19. UNDERTAKER AND MUSE	deceased? As a specify any way related to occupation of	
ž	20. FILED 8/126 1032 6 6 Suchas	(Signed) tropping by croner D. D.	
	Doubeton	(Address) (Proposition & All Merchan	

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Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
			. •

V. S. Mo. 1

A. PLACE OF DEATH Country. Co	STATE OF MARYLAND	CERTIFICATE OF DEATH 03835			
Village to City Bar Source State S	1. PLACE OF DEATH				
Length of residence in gity or fown where death occurred. 25. FULL NAME (a) Residence: No. 16. 2 4 16 16 16 16 16 16 16 16 16 16 16 16 16	county 1 calking of	Registration Dist. No.			
Length of residence in gity or from where death occurred. (a) Residence: No. 16.24		e Ng Showe At O Bala St., Ward death occurred in a hospital or institution, give it NAME instead of street and number)			
(2) Residence: No. Me 1 M. (Chualpineed abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIE, MARKEEN, WIDOVED, OR PYONCED (spire New word) 59. If married, widoved, or divorced (or) WiFe of Caption (or) WiFe of		7/			
(a) Residence: No. 16 24 (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVOKED (gazer the word) Fundamental widowed, or divorced Will Harmand, day, and year; June 13/85 (Year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 18 LESS than 14 LESS than 14 LASS than 15 June 15	2. FULL NAME Class 1. Fa. Co.	not			
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3. SEX 4. COLOR OR RACE 5. SINCLE, MARKED, WIDOWED, ON BIVORCID Cyrise the word) 7. AUGUST Control of Wile of Color of Widowed, or divorced (cr) Wife of Color of Wile of Color of C	(Usual place of abode)				
Trace of the control	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
5. If married, vidowed, or divorcad HUSAND of (er) MiFE of Section of the Control		april 4 1932			
Cord Wife of Contributory Course of Importance: Control of Birth (month, day, and year) Mark 19 37 19	5a. If married, widowed, or divorcad				
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than I day,hrs, ormin. 1 day,hrs, ormin. 8. Trade, profession, or perticularmin del work dona as SPINNER SAWRE, BDINKEPER; etc. 10. Date decessed as two was done as SILK MILL. SAW MILL, BANK, etc. 10. Date decessed as two worked etmin this occupation (month and	(or) WIFE of	7/2 -			
T. AGE Years Months Days It LESS than 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Not of work dona as SPINNER SAWYER, BDDKKEEPER, etc. 9. Indigitor or business in which work was done, as SILK MILL. SAW MILL, BARK, etc. 10. Date deacesed last worked et spant in this occupation in which work was done, as SILK MILL. SAW MILL, BARK, etc. 11. Total time (years) spant in this occupation in which work was done, as SILK MILL. SAW MILL, BARK, etc. 12. BIRTHPLACE (city or town) (State or country) Manuel Date of were an autopsyst. 13. NAME 14. BIRTHPLACE (city or town) (State or country) Whet lest confirmed diagnosis? Was there an autopsyst. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicistic, or	12/1000	6 4 2 9			
8. Trade, profession, or perficular kind of work doma as SPINNER Cook SANYER, BDMKEPER, etc. 10. Date of enset 11. Total tima (years)					
8. Trade, profession, or perticular kind of work done, as SPINRER Conserved with the secondary of the second	71. Q 2 1 day,hrs.				
SAWYER, BDIKKEPER, etc. SAWYER, DIKKEPER, etc. SAWYER, DIKKEPER, etc. SAWYER, DIKKEPER, etc.		ware as follows:			
Dither Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 12. BIRTHPLACE (city or town) (State or country) Date of Whet test confirmed diagnosis? Was there an autopsy? Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury in any wey related to occupation of deceesed? M. D. Registrar. (Address) Cathorical M. D. (Signed) Cathorical M. D. (Address) Cathorical M. D. (Address)	8. Irade, profession, or perticular kind of work dona, as SPINNER CASH	0 2			
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19. UNDERTAKER 75 Main Cook 24. Wes disease or injury in any wey related to occupation of decessed? \$\frac{1}{20}\$ FILED 7, 193 (Signed) \$\frac{1}{20}\$ (Signed) \$\frac{1}{20}\$ (Signed) \$\frac{1}{20}\$ (Address) \$\frac{1}{20}\$ (Address) \$\frac{1}{20}\$ (Address) \$\frac{1}{20}\$ (Address) \$\frac{1}{20}\$ (Address) \$\frac{1}{20}\$ (Address)	77.7				
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20, FILED Tyl, 193 Registrar. (Address) Cartoloorle M.D.		24. Wes disease or injury in any wey related to occupation of deceased?			
20. FILED (Address) Cartolocile Mid	(Address) / 2/7 Strange Address	(Alael) to the second			
If more bearing tate Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		B-11-300 D-1			
	If more bearing the Men tate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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1. PLACE OF DEATH County Baltimore	Registration Dist. No. 9
Village or City EUDOWOOD SANATORIUM, TOWSON,	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos.
2. FULL NAME Paul Francis Peeple	
(a) Residence: No. 5712 - Bland avenue (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note: Solution of the word of	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIEN, That Lattended deceased
Cory Wife of Gertrude Peeples.	Oct. 7 1930, 10 your 6 193
6. DATE OF BIRTH (month, day, and year) Nav. 5, 1889	I last saw h. Asam alive of 43 death is
7. AGE 43 Years Months / Deys / If LESS than 1 day,	to have occurred on the date stated above, at \$ 15 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows: Pulmonary Tuberculoses Date of
8. Trade, profession, or particular kind of work done, es SPINNER, Patrol man	The state of the s
9. Industry or business in which work was dona, as SILK MILL, Baltimore Police Dept SAW MILL, BANK, atc.	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Winston, Salem, N.C. (State or country)	Other Contributory Causes of Importance: Julienulo M. Compyema
13. NAME Joseph Peeples	
14. BIRTHPLACE (city or town) Munston, Salem, n.C. (State or country)	Name of operation Pulsano-Lysis Date of 7-15- What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME anna Kendall	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Winston, Scilen, M.C.	Accident, suicide, or homicide?
* (Stete or country) Hospital RecordsPersonal History	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFÖRMANT. (Addies OWOOD SANATORIUM, TOWSON, MD.	Specify wastier injury occurred in interesting, in nome, or in reality FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dete July 1931	Nature of injury
19. UNDERTAKER and Chemonth form (Address) 3 60 10 Cheffingt are.	24. Wes disease or Injury In any way related to occupation of deceased? If so, specify
11 19 11 11 10 -1	(Signed) 4 4 August

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	1997 Peritonitis	3 days ago
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1	12 Gastroenteritis	1 year
	The Control of Today of the state of the control of	100

BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple-I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1022	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAY 2 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TT V.S.	July 5,1927	Peritonitis	3 days ago
BU	REAU	ا ا		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	2FULL NAME 1/11/12	number-)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE SINGLE. Married MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
6	DATE OF BIRTH Myr.d., 1539 (Month) (Day) (Year)	that I last saw her alive on March 29: 193
7	If LESS than l day hrs. or min.?	The CAUSE OF DEATH * was as follows:
1	a) Trade, profession or Souse Wife particular kind of work	Valoular lucras There
1	b) General nature of industry	1/ /
7	ousiness, or establishment in which employed or (employer)	Contributory Service Promobilitie
7	Dusiness, or establishment in which employed or (employer)	Contributory Reule Bronshiles Secondary (Duration) (Signed) (Signed) (Signed)
ENTS	Dusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER MURNOWN 11 BIRTHPLACE OF FATHER (State or country)	(Signed), A Janson Lo Tarby
NTS 8	Dusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER UNDERNOWN 10 STATE OF FATHER	(Signed) (Signe
RENTS 61	Dusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER WILL NOWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Duration) (Signed) (
PARENTS	Dusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER UNDERNOUND 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Discase Causing Death, or, in deaths from the Accidental, Suicidal or Homicidal. *B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death
PARENTS	Dusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER UNDERNOUNT 11 BIRTHPLACE OF FATHER UNDERNOUNT 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	(Signed) (Duration) (Signed) (

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many 9 Grocery;

Statement of Cause of Death—Name, first, the Distance in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) cdanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic ," "Coma," "Convulsions, valvular heart disease; affection etc. The contributory need not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	WR	
70, 1		1
No.	-	1
5	1	-

Exact	PLACE OF DEATH County Ballo	93-20 STATE OF MARYLAND CERTIFICATE OF DEATH
iy classified.	144 * 0	Registration Dist. No. 38 Ol Delauf Use: Ward) Ward) Ward) Ward) Ward) Ward) Ward) Ward) Old Delauf Use: Ward) Ward) Ward) Old Delauf Use: Ward) A hospital or institution, give its NAME instead of street and number.)
per	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April 5th (Month) (Day) (Year)
nat it ma	6 DATE OF BIRTH May (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Afric 4n 1937 to Afric 5 1 1932 that I last saw has alive on Afric 374, 1932
ms so the	7 AGE 2 3 yrs. 10 mos. 5 ds. or min.?	and that death occurred on the date stated above, at S. J. m. The CAUSE OF DEATH * was as follows: My Corbins Sussifficions
ATH in plain to mportant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mauyland	Contributory Basella & Contributory Secondary (Duration)
AUSE OF DE	10 NAME OF FATHER Char, E, Wainer 11 BIRTHPLACE OF FATHER (State or country) Wayland	(Signed) South of M. D. (Signed) South of M. D. (Signed) South of M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
d state C	12 MAIDEN NAME Martha & Wilhelm 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
CIANS should statement of	(Informant) Mus M. E. Willelm (Address) 601 Debough are drugm	if not at place of death? Former or 'usual residence
St	Filed Afr. 5 1931 Am Buller Registrar If more branks are needed, address State Registrar	20 UNDERTAKER ADDRESS Wm. C Broker Sm Sparl, 1 d , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), no be entered as Housewife, Housework, or At Home and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, whatever, write None. business, that fact may be indicated thus; Farmer Get or given up on account of the DISEASE CAUSING THATH er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm luborer, Loborer-Coal mine, etc. Wom-(b) Colton mill; (o) Salesman. without more precise specification as Day For persons who have no occupation (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the plane EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Tatelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomendature of the carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perstonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart ranney," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, accident; Revolver wound of head-homicide; Voisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VICLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi "Cougenital," "Senile," etc.), "Dropsy, Example: Measles (disease valvular heart diseose; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

-WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

038407	

/1.	PLACE OF DEA	ТН			91	00040
	County Balt	imore			Registration Dist. No.	2
	Village or City	Catonsvi	lle		No. Obil Home s	St., Ward
	l anoth of residence in a	rity or town where d	loath necurred		death occurred in horpital or institution, give its NAME instead of stre	
2.	FULL NAME	42 77	s W. Rin	nenar-t	0. W 1	
	(a) Residence: No	The Lie	(Usual place	of abode)	St., Ward. If nonresident give city or to	wn and State
	PERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SEX		or or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 8,	, 193 2 (Yeer)
5e. If	merried, widowed, or div					
	or) WifE of	Ella	N. Rin	ehart	22. I HEREBY CERTIFY, Thet let	tended deceased from
6. DA1	TE OF BIRTH (month, de	ev and year) D	ec.25.18	370	101	9.3 Z.; deeth is seid
7. AGE		Months	Deys	If LESS then	to have occurred on the date stated above, et 10 17m.	
	61	3	14	1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of important were as follows:	,
Z	8 Trede profession or particular					Date of onset
E .	SAWYER, BDOKKE		Retired		Serile Dementes	6 ruos
UP/	work wes done, es SAW MtLL, BANK,	SILK MILL.	Builde:	P.R.R.		
OCCUPATION	D. Dete deceesed lest wo this occupetion (mo year)	orked et onth end	11. Total ti span	me (years) It in this petion		
					Other Contributory Causes of Importence:	
12. Bi	RTHPLACE (city or town) (Stete or country)	Md	•		a lava calla :	
2 13	3. NAME Loui	s Rineh	art.		Continue Sellinger	
FATHER	1, BIRTHPLACE (city or t				Name of operation De	te of
	(Stete or country)	Md.			Whet test confirmed diegnosis? Wes the	ere en au'opsy?
15	5. MAIDEN NAME	Annie	Penn		23. if deeth wes due to externel ceuses (VIOL ENCE) fill in also the fo	ollowing:
MOTHER 12	6. BIRTHPLACE (city or t	own)	Mđ.		Accident, suicide, or homicide? Date of Injury	, 19
2	(State or country)	0-10	M.C.		Where did injury occur? (Specify city or town, county	and State)
17. IN	FORMANT MANA	folher 1	martin	,,	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBL	LIC PLACE.
18. BU	(Address) 3,	REMOVAL .	In Vax	Revay	ne	
	Plece Cedar	Will	Dete Oper	11 1932	Manner of injury	
	01	1-5/1	lean		24. Wes diseese or injury in any wey releted to occupetion of decees	ad2
19. UN	(Address)	415 d	into all		If so, specify	eu:
20 5:1	4/0	104	1/	0	(Signed) markall B lost	M. D.
2D, FIL	1-1-67	13.	m	Regionar.	(Address) Catorinulla -	Zud
	1.1	If more	blant ale weeded	dry St. Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ON THE RUN WALL W. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S A PERMANENT RECORD, Every item of inforbe stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA.

plnods

HEALTH DEPARTMENT—CITY OF BALTIMORE

		CERTIFICAT	E OF DEATH. 210-m		2 5
	1-PLACE OF DEATH			REGISTERED	No.
C	TTY OF BALTIMORE: (No		ST.,WAF	a hosp tion, g	ital or institu- ive its NAME
	2-FULL NAME Blutske	M. ROG	edy.	instead number	of street and
	(a) RESIDENCE No	teur za	ST.,WAF	non-resident give city o	r town and State)
-	Length of residence in city or town where death occurred	yrs. X mos. X	ds. How long in U. S., if of foreign	birth? 3/ yrs. L	mos. U ds.
	PERSONAL AND STATISTICAL PART	ICULÁRS	MEDICAL CE	RTIFICATE OF DE	ATH
3 5		ried, Widowed, ed, (write the word)	16 DATE OF DEATH (month	a, day, and year	1 204 1952
7	enso relieto Din	ncel	17 1 HEREBY CER	TIFY, Thuis	ended deceased from
5a	If married, widowed, or divorced HUSBAND of or) WIFE of		Wor /64 1937	- to Cluff 2	1932
	1. Coalif	12 .000	that I last saw he alive	on affer 20	1932
-	DATE OF BIRTH (month, day, and year) AGE Years Months Days	If LESS than	and that death occurred, on the		as m.
1	7247 1884 July 9 4"	day,hrs.	The CAUSE OF DEATH*	resulting	Jeafhil
8	OCCUPATION OF DECEASED	1			
	(a) Trade, profession or particular kind of work		(3.	uration) X yrs.	/_mos/ 2. /_ds
7	(b) General nature of industry, business, or establishment in which employed (or employer)	Splis Co	CONTRIBUTORY (Secondary)	to accidu	A frates Sk
	(c) Name of employer The Theorem	ison	18 Where was disease contrac		J
9	BIRTHPLACE (city or town)	A	if not at place of death?	July out	Vallett Kr
	0 0 1		Did an operation precede de	-0-	
	10 NAME OF FATHER SASE Parts	secon	Was there an autopsy?	Tentral.	<u>*************************************</u>
NTS	11 BIRTHPLACE OF FATHER (city or town).	<i></i>	What test confirmed diagno	web Trulla	M. D.
RE	(State or country)	40,0	(Signed)	in ferrie	2
PA	12 MAIDEN NAME OF MOTHER	26102500	*State the Disease Causing	Death, or in destha	rom Violent Causes.
	13 BIRTHPLACE OF MOTHER (city or toyl) (State or country)	and the	state (1) Means and Nature Sulcidal, or Homicidal. (See	e of Injury, and (2) reverse side for addition	whether Accidental, nal space.)
14	Oller A The Mean		19 PLACE OF BURIAL, CRI	EMATION OR RE-	DATE OF BURIAL
	(Address)	n Zed	Druig Kides Ce	welley !	July 23 1/30
15	Filed for. 2d 1932 Ay. 222. A	seads	20 UNDERTAKER	/	ADDRESS

[Approved by U. S. Census and American Public Health Asso.]

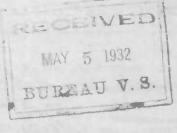
receive a definite salary) may be entered as Housewife, Housework or At home, and children, not examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autonature of the business or industry, and therefore gainfully employed, as At school or At home. Care should be taken to report specifically the part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, respective of age. For many occupations a single word or term on the first line will be sufficient, business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. pation at beginning of illness. If retired from account of the DISEASE CAUSING DEATH, state occu-If the occupation has been changed or given up on ice for wages, as Servant, Cook, Housemaid, etc. occupations of persons engaged in domestic servthe household only (not paid Housekeepers who Laborer, Farm Laborer, Laborer-Coal Mine, etc. without more mobile factory. The material worked on may form ment; it should be used only when needed. an additional line is provided for the latter stateespecially industrial employments, it is necessary The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative Women at home, who are engaged in the duties of Statement of Occupation.—Precise statement of Farmer or Planter, Physician, Compositor, precise specifications, as Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

consequences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recommendental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poigenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite discase can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage dations on statement of cause of death approved soned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and cidal Homicidal, or as probably such, if impossible to determine definitely. Examples: Accition was undertaken. For violent deaths state as "Puerperal scpticemia," "Puerperal peritonior terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) ing cough, chaonic valvular beart disease; Chronic interstitial neghritis, etc. The contributory (secgin "Cancer" is less definite; avoid use of "Tu-MEANS OF INJURY and qualify as ACCIDENTAL, SUImor" for malignant neoplasms); Measles; Whoop-Medical Association. by Committee on Nomenclature of the American State cause for which surgical opera-Example: Meastes (disaffection need not be

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN



stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

be properly classified.

See instructions on back of certificate.

TION is very important.

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dd be carefully supplied. AGE should be DEATH in plain terms, so that it may be

B.-WRITE

STATE	OF	MARYI	AND-C	FRTIFI	CATE	OF	DEATH
SIMIL	O	MIVITIE	AIND C	PIZITI I	ONIL	Oi	DEATH

03842

1. PLACE OF DEATH	
County Bult	Registration Dist. No. 38
Village or City Parkville	No. 44 Sarnet Rd St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cily or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Conge in	palde
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH purif
5a. If married, widowed, or divorced HUSBAND of J	(Month) (Oay) (Year)
(or) WIFE of Carroll R. Raeder	22. I HEREBY CERTIFY. That I ettended deceased from
S. DATE OF BIRTH (month, day, end year) Jan 8-1894	I last sew h Palive on Pyr, 25-, 1932; death is sald
7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the date stated above, atm.
3 / \ \ / / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, prófession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, ølc.	berebel family
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Jan Jaj
10. Date deceased last worked at this occupation (month and year).	
B.Ot	Other Contributory Causes of Importance:
12. BtRTHPLACE (city or town) (State or country)	Mylina
	Meferetes
E	None of a section
4 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	Whet test confirmed diegnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill In elso the following:
	Accident, suicide, or homicide? Oate of injury 19
O 16. BIRTHPLACE (city or town) (Slate or country)	Where did Injury occur?
17. INFORMANT Consell R. Boefer	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cy Man 12	
Place Mer Cath Cen Date 4 - 28, 1932	Neture of injury
19. UNDERTAKER Linearly Wigh	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) 8300 Faiffers 800,	If so, specify Clared Comments
20. FILEO 4/26, 1932 (1-11) Sacous Registrar.	(Signed) M. O. (Address) A DOB Grand R. O.
Registrar.	" (VARIESS)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	and	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephalis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of infor-PHYSICIANS should state or occuPA. Exact statement stated EXACTLY. properly classified. A PERMANEN See instructions on back of certificate. IS WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be d be carefully supplied. TION is very important. MAINLY, mation -WRIT

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3843)
1. PLACE OF DEATH	(85)
County Ballimore	Registration Dist. No.
Village or City Ourigo miles, med	Mostwood Stale Iraning Schstad Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I da Rosen	
(a) Residence: No. 3703 Overview Rd	· St Ward.
Baltimore Cety (Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 18 (Modth) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 6/15/19	1 last saw h. er alive on april 18, 1932; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at LAISEQ.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
8. Trede, profession, or particular shind of work done, as SPINNER, Shinter Rosewood SAWYER, BOOKKEPER, etc. State Transaction	
& 9. Industry or business in which School owings	Status Epileplicus
SAW MILL, BANK, etc mill, miles . Ind	
O No. Date deceased last worked at this occupation (month and yeer) occupation.	
0 31-	Other Cuntributary Causes of importance:
12. BIRTHPLACE (city or town) 13 allunore, Med (State or country)	
I 0 1 0	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Thomas
	What test confirmed diagnosis? Climical Was there an autopsy? 100
15. MAIDEN NAME (Mella Bueffel	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Institutional Resorts (Address) Rosewood State Training School	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Owings miles, me	Manner of Injury
Place Abselall Com. Date 4 78 1992	Neture of Injury
19. UNDERTAKER JULK Rown Jack	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 1832 H. M. Slade. Registrar.	(Signed) Zeorge C- wedany M. D. (Address) Owngs will med
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	er automater automater	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

4/	CERTIFICAT	E OF DEATH 93-1	Aw .
1. PLACE OF DEATH		And realist track real, arrivers	Registered No. 38
CITY OF BALTIMORE: CA. 2 6	43 Wen	dovin Roadward)	(If death occurred in a hospital or institution give its NAME instead of street and number.)
Length of residence in city or town where dead	th occurredvrs	mosds. How long in U.S. If of for	
2. FULL NAME Char	les Oxo	ssuig	
(a) Residence: No. 2643 (Usuai place of	Yeuclo	versty Cod Ward.	give city or town and State)
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
	e, Married, Widowed, ced (write the word)	21. DATE OF DEATH (month, day,	year / 193
5a. If married, widowed, or divorced HUSBAND of		Oet 12 , 103/	to
(or) WIFE of Callilrine	osseng	I last saw h. Alive on 400 cated	
6. DATE OF BIRTH (month, day, yesr)	art 101858	to have occurred on the date stated The principal cause of death and	
7. AGE Years Months Days	1 day,hrs.	importance were as follows:	Date of ons
8. Trade, profession, or particular kind of work done, as spinner,	ormin.	Hemilliona	
sawyer, bookkeeper, etc	013		
saw mili, bank, etc 10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation	Other contributory causes of impor	tance:
12. BIRTHPLACE (city or town)	11-	Myreardit	1:00 1
(State or country)	10.		
13. NAME West a U	Cossura	Name of operation	Date of
14. BIRTHPLACE (city or town)	THE STATE OF THE S	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Olin CC	hert 1	23. If death was due to external e following: Accident, suicide, or homicide?	
BIRTHPLACE (city or town)	ermany	Where did injury occur?(Specify city	or town, county, and State)
THE INFORMANT MAN KOOP	man	Specify whether injury occurred in place.	industry, in home, or in publi
18. BURIAL CREMATION, OR REMOVAL	over coal	Manner of injury	
Place	W.14 19.32	Nature of injury	
19. UNDERTAKER PULT Y	defild	24. Was disease or injury in any	way related to occupation o
(Address) 914 Sreeme	ount me	deceased?If so, specify	
20 FILED () 10	. 38 9 9	4/2 frigned) Law	muck M.

Registrar.

(Address)

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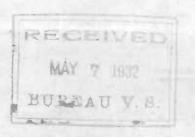
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Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of spilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perito tis	3 days ago
		3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

V. S. No. 1.

0 t	PLACE OF DEATH	STATE OF MARYLAND
1≺s Exa	1 To	CERTIFICATE OF DEATH
ā.	County County	Registration Dist. No. 44
Saified	Blessochla A	to a sea
ACT 289	Village or City CM Salva (No. No.	St.; Ward) (If death occurred in a hospital or institu-
Cold	James a B	ston, give its NAME in-
tated EXA	2 FULL NAME COUNTY CO.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
000	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Chail 9 1052-
thould by the pack	WIDOWED OR DIVORCED	(Month) (Day) (Year)
may n ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	DIO 4 812	March 192 10 April 9 19
piled ACE ms so that instructions	(Month) (Day) (Year)	that I last saw h exemplies on (Appella
aso ruc	7 AGE If LESS than	and that death occurred on the date stated above, at
plie ms inst	69 yrs 34 mos. 5 ds. or min. ?	Commons of Siver
suppl term See in	8 OCCUPATION /	
liy sain t	(a) Trade, profession or particular kind of work.	
pla	(b) General nature of industry	(Duration) . 1 . yrs mos de.
in	which employed or (employer)	Centributory
uld be carefur DEATH in place very important	9 BIRTHPLACE (State or country)	Secondary
DE/ PE/ ery	10 NAME OF A	Aller Grand A M.D.
oF oF is v	FATHER COM BALLY	(Signed) g M. D.
E E	of FATHER 13	*State the Disease Causing Death, or, in deaths from
AUS	(State of Country)	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
Information sd state OAUSE	& OF MOTHER alexia marshall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
nfo stat	13 BIRTHPLACE OF MOTHER	At place In the State,yrsmosde.
To o	(State or country)	Where was disease contracted,
shoul	MAN INDESTRUCTION THE BEST OF MY KNOWLEDGE	if not at place of death?
S 8 8 m	(Informant) W. V.	19 DLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Every Item of CIANS should statement of	(Address) Compaco PAU.	It Potricks bean April 12 :282
FI O PO	15 april 11 .22 John G. Connelly	28 UNDERTAKER ADDRESS
m (T	Filed Registrar	los & Iderr 156 K. Linery
2	' If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S No. 1



V. S. No. 1

OCCUPA.

03846

1. PLACE OF DEATH			(3)	
CountyBaltimore			Registration Dist. No.)
Village or City_Catonsville			No. 4 August Ave. St., I death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?yrsmos	Ward
2. FULL NAME Arederick				
(a) Residence: No. 4 August			St., Ward. If nonresident give city or town and S	itate
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	Madelana 4- Caracana
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MAR OR DIVORCE WILLOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Ruth			22. I HEREBY CERTIFY. That I attended do	
6. DATE OF BIRTH (month, day, and year) Dec.	20. 1	1863	0110	death is said
7. AGE Years Months 3	Days 15	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, None SAWYER, BDOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this recentation (months and			chronic replicition	Date of onset
12. BfRTHPLACE (city or town) - Germany (State or country) 13. NAME Unknown 14. BIRTHPLACE (city or town) Germany (State or country)		nt in this pation	Other Contributory Causes of Importances Clotheral Hewonboys Champelegia	Sept
14. BIRTHPLACE (city or town) GOTTENTY			Name of operation Date of	
			What test confirmed diegnosis? Was there an au	opsy?
16. BIRTHPLACE (city or town) Germany (Stete or country)			23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT 4 August Ave. (Address) 4 August Ave. 18. BURIAL, CREMATION, OR REMOVAL	Cator	sville, M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
	áto 4/8/	/32 19	Manner of injury	
19. UNDERTAKER AMONG SON	Mis.	5/2e	24. Was disease or Injury In eny way related to occupation of deceased?	
20. FILED T/ 1937	() (le	Registrar.	(Signed) 295 Hurondan au	M. D

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Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLA CERTIFICATE OF DEATH stated EXACTLY, Properly classified. Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME it stead of street and number.) proper stated PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. back WIDOWED. OR DIVORCED (Write the word) pino may (Month)(Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from instructions that (Month) (Day) (Year) O 7 AGE IIf LESS than 80 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: pellddn terms or min.? ESERVE 8 OCCUPATION (a) Trade, profession or SIS particular kind of work pia (b) General nature of industry business, or establishment in in which employed or (employer Contributor MARGIN 9 BIRTHPLACE Secondary (State or country) DA OB 10 NAME OF (Signed) FATHER 00 11 BIRTHPLACE OF FATHER Z *State the Discase Causing Death, deaths SO or, in (State or country) P O Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. ш atio 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) CC 13 BIRTHPLACE At place In the OF MOTHER of death (State or Country) Where was disease contracted, if not at place of dea.h? Former or usual residence OR REMOVAL DATE OF BURIA CIA UNDERTAKER Registrar If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more preuse relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure, maemormage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death taken. For VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

addres Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

1829

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
<i>Gaustones</i>	Mag1,1020	and of the state o	2 your	

& may	called	me (i	cel ties 5	lins.	They	lun	tru	Jamp
ou lie	illues.	0 .						
0		Muy						

· Exact classiffed Stated EXACTLY RECORD properly rms so that it may be instructions on back BINDI FOR of information should be carefully supplied valid state CAUSE OF DEATH in plain terms so of OCCUPATION is very important. See instruc MARGIN RESERVED WITH UNFADING INK-

STATE OF MARYLAND CERTIFICATE OF DEATH

on Dist. No. 40

St.:	Ward)	(If death	occurred in
		tien, give l	ts NAME in street and
		mumber)	

attended the deceased from

deaths from

or, in Injury and (2) whether ospitals, Institutions, Trans-

State yrs. mos....

DATE OF BURIAL

		Registration Dist. No.
Vil	Page or City Notch Cliff (No	St.: Ward) (If death a hospital tien, give steed of number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH (Month) 3 (Month) (Day)
6 0	PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the d Was 15 1922. to Office 3
	Month) (Day) (Year)	that I last saw hls. alive on Man 29
7 #	If LESS than I day hrs. 3 mos. 29 ds. or min.?	and that death occured on the date stated above, at .9.6 The CAUSE OF DEATH * was as follows: May o Caushiles
- V	General nature of industry usiness, or establishment in which employed or (employer)	Contributory Orferio Sclerosis
PARENTS	10 NAME OF GLOUDE, Med 10 NAME OF GLOUDE Schwitt. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GENEUR DESCRIPTION 13 BIRTHPLACE	(Signed) 192 (Address) *State the Disrase Causing Death, or, in de Violent Caus, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutients or Recent Residents)
	OF MOTHER (State or country) Segmany	At place of death yrs
14	(Informant) Sy Mary Clara (Address) Wolch eliff Md.	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF Alch bliff Med Africation of the place of death? 20 UNDERTAKER ADDRESS

Every Item of i CIANS should statement of OC

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples : (a) additional line is provided for the latter statement; in sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Foreman, For many occupations a single word or term on yrs). Form luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomoline engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); pholid fever (never report "Typhoid Pneumonia"); Lubar pneumonia. Bronchopneumonia ("Pneumonia.")

as fracture of skull, and consequences (e.g., sepsis, leidnus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinona, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature zurbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valendar heart Always qualify all The contributory etc.), "Dropsy, " Shock," disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate in permanently filed.

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor stat UPA	1. PLACE OF DEATH	<u> </u>
	County Dallework	Registration Dist. No. 30
item of should of OCC	Village or City Luyo,	No. St., Ward
.= 0/		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Ever VSICIAN statemen	2. FULL NAME ALLE LEUY	
ED.	(a) Residence: No. Tuelling (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD. Every PHYSICIANS Exact statement.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC. F.	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Terrale Mile OR DIVORCED ("write the word)	Clar 2 2 193 2
e TE	5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
BINDING EXACT y classified	HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
SINI ERM EX.	10.16.	1932 to 1932 193
E E E	6. DATE OF BIRTH (month, day, and weer Court	I last saw h alive on alive on 19 2 , death is said
FOR B] IS A PE stated E properly	7. AGE Years Months Oays If LESS than I day, hrs.	to have occurred on the date stated gove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO IS sta	0rmin.	were as follows:
0 00	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
TH d l	9. Industry or business in which	Tulus Scherosas 1231
RVI	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recuration (month and	1
G INK—THIGE Should be that it may be	10. Date deceased last worked at this occupation (month and spent in this	
RES VG II AGE that		Other Cantributary Canses of importance:
ZATS	12. BIRTHPLACE (city or town)	Other country country of majoritance.
AD AD	(State or country)	Chim presiden 27
MARGIN UNFADI supplied.	14. BIRTHPLACE (city or town)	
7 5 7 7		Name of operation Data of
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WITH WITH in plain	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury19
NI.	(State or country)	Where did injury occur? (Specify city or town, county and State)
A P D E		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) Collegely Elly	
I E S E	1 1 Will a Clus a Sex 26037	Manner of injury
-WRITE PLAINLY, mation should be car CAUSE OF DEATH	1 Data - 1 1990 /	Natura of Injury
-WRIT	19. UNDERTAKER Caston Detry	24. Was disaase er injury in any way related to occupation of deceased?
B. No.	(Address) / Selection	If so, specify Tanada
oi T	20. FILEO 4/25 , 1932 SHO GULGIRUS	(Signed) // Company
PA	Registrar.	(Address) There is the state of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "emptyee" "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
4,				

ADDITIONA	L SPACE FOR FURTH	ER STAT	TEMENTS BY PHYSICL	AN
Correction of age	from ABOUT 74 to	ABOUT	64 authorized May	5 1932 by letter
(signed statement) filed umer Dr.	W. N.	Gassaway - ALLFL	

should state of OCCUPA-

statement

certificate.

Jo

See instructions on back

TION is very important.

18. BURIAL, CREMATION, OR REMOVAL

item of infor-

F

-WRITE

B

County Dalb Village or City Context (If	Registration Dist. No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John Amfuld Shifford (a) Residence No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX_ 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH /5 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of DAA M. PAGE OF BIRTH (month, day, and year) 8 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	22. I HEREBY CERTIFY, That I attended deceased from 1932, to 1932; death is said to have occurred on the date stated above, at 1232, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: Date of onset Other Contributory Causes of importance:
13. NAME VOICE Shiftand 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Name of operation

Nature of injury 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	Ì
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BINDIN

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

03852

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY A That	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY A 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			123
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Altunace	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Calgale, MM (No. 7007) 2FULL NAME Still Barn	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 2 (Day) / 932(Year)
6 DATE OF BIRTH (Month) (Day), 1932 (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 192 2 to 192 2 that I last saw her alive on 192 2, 192 2
7 AGE The state of the state o	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Still Barn
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE (State or country) algate, Md 10 NAME OF FATHER amendations, Steven 11 BIRTHPLACE OF FATHER (State or country) Sulturance Md	(Signed) (Duration) yrs mos ds. (Signed) (Addreas) GIV (Highward) *State the Discase Causing Death, or, in deaths from
(State or country) Such where of Mother of Mot	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Cara vereilla surveilla (Address) 7007 Fait ave	HOUGUA Park Cemetery Apr. 4, 1932
15 Filed 4/4/3 201 Doublearen	Heary Sander & Sons Inc. Baltimore St.
'If more blanks are needed, addre.s State Registra	Faltimore . Md.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on , Farm laborer, Laborer-Coal mine, etc. Wom-home, who are engaged in the duties of the without more precise specification as Day Compositor, Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroginal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

N. B.—Every Itam on information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIAN'S Stand state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD PERM

WITH UNFADING INK--THIS IS A RESERVED MARGIN CAINI WRITE V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County 1981	CERTIFICATE OF DEATH
	W 10	Registration Dist. No. 40
	Village or City My Suite (No	St.: Ward) (If death occurred Ir a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL COLOR
	3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
	Male White MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 9, 19232
	6 DATE OF BIRTH Sec. 13, 1910 (Month) (Day) (Year)	(Month) (Day) (Year)
	7 AGE 21 yrs. 3 mos. 27 ds. or min.	and that death occurred on the date stated above, nt 7.30 2, m. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work (b) General nature of industry	Incomma Stomoch +
7	business, or establishment in which employed or (employer)	(Duration) / vrs. mos de.
	9 BIRTHPLACE (State or country)	Contributory
	10 NAME OF Jun Stricklin	(Signed) (Si
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Grace Ken	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) John Yunklin	usual residence
	(Address) Bradsleau My.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF MANYS Nampden april 12, 19 37
	Filed 4/ 1/ 1932 Las. F. H. Torsuch	Clarence E. arthur Fork Mil.
	If more bianks are needed, addres State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Solesmon, additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons household only (not paid Housekeepers who receive a Never return". Laborer,"". Foreman,"". Manager,"". Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (6) Grocery; en-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbblic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Charles Street, Baltimore, Requesting U. S. No. 1.

(Year

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run aver by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
- 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run aver by street car July 5,1927 Peritonitis Other contributory causes of importance:

V	3 (6	7	8	010	STNTOVO	14	13	-
			1	70				
sertificate.	s on back of c	truction	See ins	y important.	statement of OCCUPATION is very important. See instructions on back of certificate.	ent of OC	statem	
porly classified. I	t it may be pro	s so that	in terms	SEATH in plai	tate CAUSE OF D	s pinous	CIANS	
N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PM	should be sta	d. ACE	supplie	be carefully	formation should	tem of in	Every i	N. W
WILLIAM ON A DELIVERY OF THE STATE OF THE ST		2 2	IIII V	All Dange in	TO HITTING	1177	***)
THE THE	フレン	1				H. I.		

PLACE OF DEATH County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Samous Bout No. Jones Co	Registration Dist. No. Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Willowed OR DIVORCED White (Write the word)	, Month) (Dsy) (Year)
TO G DATE OF BIRTH Feb. 21, 1901 With the control of the control	17 I HEREBY CERTIFY, That I attended the deceased from Oncil 3 1937 to Spul 9 , 1932 } that I lost saw h / M alive on Offil 9 , 1923 }
7 AGE 3 yrs. 1 mos. 11 day hrs. or min.?	and that death occurred on the date stated above, at 10 Pm. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) Steel Judustry. BIRTHPLACE (State or country) Worth Pleasant, and	Contributory Acute Cardiac Culatation Secondary
10 NAME OF Edward Starner.	(Signed) Q. M. Tully M. D. Chril 9 1932 (Address) Spherous Pouts. h
STATE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Ilsease Csusing Death, or, in deaths from Violent Causea, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Martha W. 1099. 13 BIRTHPLACE OF MOTHER CANADA CO. MAR	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunsmients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A harm V A A A	if not at place of dea h? Former or usual residence
(Address) fores Creek	Parkwood April 12, 1932
File Of // 19232 4. A Megistral Registral If more b.anks are needed, addre.a : tate Negistrar,	ADDRESS STATES STATES ADDRESS STATES
ir more blanks are needed, addre a trace kegistrar	y to its baracoga bit, barros, frequenting it b. its.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. -- all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosial mal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

nay be stated under the head of "contributory." (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease approved by Committee on State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; Chronicetc. The contributory valvular heart disease; Nomenclature of the not be

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1	PLACE	OF I	DEATH	
County	Ba	ei	tin	ione



03858 STATE OF MARYLAND CERTIFICATE OF DEATH

0.1	Registration Dist. No.
Village or City Caterianelle, No/offense 2 FULL NAME Dara M. The	Ward) [If death eccurred he a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Jefule 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH July 30 1850	17 I HEREBY CERTIFY, That I attended deceased from 4-15-32,191, to 4-19-32,191, that I last saw h Native on 4-18-32,191
7 AGE (Monty) (Day) (Year) 7 AGE (Monty) (Day) (Year) 1 day, hrs. 0 or mln.?	and that death occurred on the date stated above, at
S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Quallen yrs. mos. "3 ds.
which employed (or employer) 9 BIRTHPLACE (State or country) Falto Jud	Contributory Secondary
10 NAME OF FATHER LEDENICK Finke 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME,	(Signed) Caugh Brain, prs. mes. de. (Signed) Caugh Brain, prs. mes. de. (Address) 415 John W. Balto. *State the Disease Causing Death, pr, in deaths from Violetted, Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
13 BIRTHPLACE OF MOTHER (State or country) Servey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
(Informant) astelle I Suetsch	If not at piece of deelin? Former or usual residence
16 Of 21 00 C PUl Holdt	London Jack Oun you 20 106.7
Filed Cyn 21, 1982 Chellay Tau	29 UNDERTAKER ADDRESS 1039

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, business, that fact may be indicated thus: Farmer (relired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, "Foreman," "Manager," "Dealer," etc., without more applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. many occupations a single word or term on the very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," (Manaemia" (merely symptomatic), "Atrophy." "Co nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of.... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. suicide. head-homicide; Poisoned Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental. surgical operation was undertaken. For violent dealus "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage genital," "Senile," lapse," "Coma," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvulor heort disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association. to determine definitely. Examples: Accidental drowning. when a definite disease can be ascertained as the by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," etc.), g., sepsis, tetanus) may be stated as "PUERPERAL septiehacmia," by carbolic acid—probably "Dropsy," "Debility" Never report mere "Exhaustion," important. ("Con-

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of OCCUPA.

mation should be CAUSE OF DEA

STATE OF MARYLAND—CERTIFICATE OF DEATH

112459

:	1. PLACE OF DEATH				(23)	
	County Baltime	ore			Registration Dist. No. 3	2
	Village or City Mt.	Wilson	. 2		No. Tubercilosis Sanatoriumst, f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or	town where death	occurred	Q_yrsQ_mos	s. 9 ds. How long in U.S. if of foreign birth? vrs. mor	s de
	2. FULL NAME Ma:	ry V. T	illson		Born in Salisbury, Maryla	ind.
JESTA TYPE	(a) Residence: No. 32	04 Belv	edel'e (Usual place	Avenue of abode)	St., Ward. Baltimore, Maryla If nonresident give city or town and S	and.
	PERSONAL AND S	STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Female 4. color of Wh:		SINGLE, MARI OR DIVORCED Marr	tied, WIDOWED, (write the word) i ed	21. DATE OF DEATH April 28th (Month) (Day)	193_2 (Year)
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of	Louis	J. Til	lson	22. I HEREBY CERTIFY. That I attended d April 19th, 19 32, to April 28th	
6.	DATE OF BIRTH (month, day, and	year) Jul	y 17th	, 1892	Hast saw her alive on April 28th, 1932	
7.	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 7 0.5 A.m.	
	39	9	11	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trada, profession, or particular kind of work done, as SPINNER, HOUSEWITE SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc			е	Pulmonary tuberculosis	1930
OCCUI				t in this		
12.	BIRTHPLACE (city or town)	Salisbu	ry.		Other Centributory Causes of Importance:	***
2	(State or country) 13. NAME Lamber	Maryl: t W. Ad			Laryngeal tuberculosis	March 1932
FATHER	14. BIRTHPLACE (city or town) (Stata or country)	Salis		•	Nama of operation No operation Date of What test confirmed diagnosis? X-ray and was there an au	
ER	15. MAIDEN NAME Ida	Hitch			was there an au 11 Op C o Oct 11 We compared to external causes (VIOLENCE) fill in also the following:	
MOTHER	16, BIRTHPLACE (city or town)_ (Stata or country)	Salis Ma	ryland		Accident, suicide, or homicide? Date of injury Whera did injury occur? (Specify city or town, county and State)	, 19
	(Address) 3204 Be			Balto,Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	DE.
18.	BURIAL, CREMATION, OR REMOVE		ate Apri	130, 1932	Manner of injury	
_	UNDERTAKER & higher (Address) 36/5-17	weth to	Faire 9 9	P 0 0	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	NQ M. D.
ZU.	. TILED 1900 N	9	هله	Registrar.	(Address) Mt. Wilson, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of of importance were as Attack of epilepsy	death and related causes follows:	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	toor a	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	PRINT E YAM	3 days ago
			RECHINE	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

V. S. No. 1

		MARYLAND-	-CERTIFICATE OF DEATH (3860
1.	PLACE OF DEATH		
	County Saltunor		Registration Dist. No.
	Village or City / renta	~	No. St, V If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occ	10	
2.	FULL NAME Many Ex	livaleth	Tracey
	(a) Residence: Np.		St., Ward.
	(U	Jsual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
1	male white	GLE, MARRIED, WIDOWED, DIVORCED (Swrite the word)	21. DATE OF DEATH (Month) (Day) (Yea
	married, widowed, or divorced	ucey	22. I HEREBY CERTIFY, That I attended deceased
6 DA	TE OF BIRTII (month, day, and year) apri	1-1857	i last ship h SV alive on alive, 14 1932; death is
7. AG		Days If LESS than	to have occurred on the date stated above, at 6m.
	75- 1	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ö	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	none	Orelbral Hamonhag 2. af 10
CUPAT	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	,	
8	O. Dato decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. B!	(State or country)	und	Orieland art Delinais 14
<u>سے</u> ا	3. NAME John Dello	17.	Milrale Insuffreenery 12
FATHE	4. BIRTHPLACE (city or town)	J J	Name of operation
	(State or country)	und	What test confirmed diagnosis? Was there an autopsy?_
I	5. MAIDEN NAME elizabeth	Aul	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
-	6. BIRTHPLACE (city or town)	Aller of	Accident, sulcide, or homicide?, 19_
	(Stata or country)	Aulli	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. IN	(Address)	ud	Opening whether injury occurred in thousand, in nome, of the robell PLACE.
18. BI	URIAL, CREMATION, OR REMOVAL BULLYCO	1/ 1/ 4-	Manner of injury
	Place Miselning Oate	7-16,1937	Nature of injury
19. U	NDERTAKER Edw Od Lips (Address)	ton	24. Was disease er injury in any way related to occupation of deceased? NO.
20. FI	a 100 O.S.	towth M. D. Registrar.	(Signed) Chan M. Thigh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause, Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- Picor
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. C.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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1. PLACE O			8	31
County !	alternor		Registration Dist. No.	
Village or	city Or od	lawn	NoSt.,	War
Length of res	sidence in city town where		f death occurred in a hospital or institution, give its NAME instead of street asds. How long to U.S. if of foreign birth?yrs.	
2. FULL NA	///	1-11		
	9-11	y marco		
(a) Reside	nce: No./	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WHOWED, OR DIVORCED (which word)	21. DATE OF DEATH	
m	TV	OR DIVORCED (which the word)	Car of	193
5a. If married, wido HUSBAND of	wed, or divorced	1	(Joy)	(1681)
(or) WIFE of		U	22. I HEREBY CERTIFY, That I attend	
	1	1	7 193 L to 4	, 19 🔊 .
	(month, day, and year ars Months	Days If LESS than	to have occurred on the date stated above, atm	; death is sa
r. AGE 16	ars wonths	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
l e Todo out		ormin.	were as follows:	Date of one
kind of	work done, as SPINNER, R, BDOKKEEPER, etc.	rone		
9. Industry or	business In which		Stiller	
SAW MI	s done, as SILK MILL, LL, BANK, atc		Suuv Fui	
D. Data decease	sed last worked et upation (month and	11. Totel time (years) spent in this		
year)		octupetion	Other Contributory Causes of Importanca:	
12. BIRTHPLACE (c	ity or town Work	llaws	Other Contributory Causes of Importance.	
(State or cou	intry)	d		
13. NAME	es. Hila	acers		
14. BRINPLAC	E (city or town) Ma	regland	Name of operation Date o	f
(31816.0	r county)	A O A	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NA	Woolse &	Viteles	23. If death was dua to axternal causes (VIOLENCE) fill in also the follow	wing:
16. BIRTHPLAC	E (city or town) - 1113c	ryland	Accident, suicide, or homicida? Date of Injury	
(State e	r country)	1	Where did injury occur?	
17. INFORMANT	as HI	Herry 1	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
(Address)	monde	any my	•	*****
8. BURIAL, CREMA	TION, OR REMOVAL		Manner of Injury	*******
Place		Data, 19	Nature of Injury	
19. UNDERTAKER	a Tay	Ser .	24. Was disaase or injury in any way ralated to occupation of deceased?	
(Address)	ame H	horry,	If so, sphoify.	
20. FILED Jul	4-132m	h. Bullet	(Signed) Form E. / Markey	M
CU. FILEU /		1-1-1-1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person ho had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	8 %	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	283	1 week ago	
Cerebral hemorrhage	July 5,1927	Pcritonitis		3 days ago	
		7		RECEIV	
other contributory causes of importance:		Other contributory causes of importance:			
Ustones	May 1,1923	Gastroenteritis		1 year	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

V. S. No. 1

PLACE OF DEATH	03864
PLACE OF DEATH	STATE OF MARYLAND
County 13 alto (Lo !	CERTIFICATE OF DEATH
D .00	10 / A Registration Dist No. (3)
2FULL NAME GLERE W. Chin	a when St.: Ward) (If death occurred in a hospital or institution, glve Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
Male White Married, Widower OR DIVORCES Idower (Write the word)	(Month) (Day) (Year)
Fell (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 412/32 192 to 416/32 ,192 , that I last saw h Mullive on 41/5/32 192
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at 46 June. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Caremony (Zwer)
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Baltimin	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER John June	(Signed) Jw Laddese M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER WINKINGULA	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) On pland	At place of death yrs mos. ds. In the State yrs mos. ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Im. George W. June	Former of Usual residence
(Address) & S & O Gulford and Is Filed april 12 19272 Mrs. (Justice)	Carrond Centy April 18, 19 3 d
If more branks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DIS-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The coninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Never report mere symptoms or terminal condi etc. The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions an wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Signed)

Si State Degistrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

20. FILED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUALT				
Other contributory causes of importance:	Mens A	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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be

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

AGE should be

mation should be carefully supplied.

WRITEP

V. S. No. 1

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH)		(23)	03866		
/ County Baltimore			Registration Registration	Dist. No. 32		
Village or City Mt. Wils	non	(10	Registration I Mt. Wilson Branch No. Tuberculosis Sanat death occurred in a hospital or institution, give its NAME	toriust. Ward		
Length of residence in city or town where	death occurred	1_yrs1_mos	9 _ds. How long in U.S. if of foreign birth?	yrs mos ds.		
2. FULL NAME Mar	garet Wa	assmann	Born in Baltimo:	re, Maryland.		
(a) Residence: No. 1012 Sc	COTT STI		Baltimore Md. St., If nonresidents	give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Female White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Pried	21. DATE OF DEATH April (Month)	18th, ,193 2. (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederic?	c H. Was	smann	22. I HEREBY CERTIFY March 9th, 1931 to A			
. DATE OF BIRTH (month, dey, end year) January 28, 1903			Hast sew her elive on April 18	th, , 1932; death is seid		
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 3.4			
29 2	21	or main.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	Date of onset		
8. Trade, profession, or particular kind of work done, es SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, etc. 9. Iodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Pulmonary tuberculosis	Dec. 1930		
10. Date deceased last worked at this occupation (month and year)	11. Total sp: oc:	time (years) ent in this upation				
12. BIRTHPLACE (city or town) Bal 1 (State or country)	timore, Maryland	1.	Other Contributory Causes of Importance: None			
13. NAME Joseph Heim						
(btate of country)	Maryland		Name of operation NO operation What test confirmed diegnosis? X-ray and			
15. MAIDEN NAME Harriet	Hartman	1	What test confirmed diegnosis? X-Tay and the confir	in also the following:		
15. MAIDEN NAME Harriet Hartman 16. BIRTHPLACE (city or town) (Stete or country) Maryland.			Accident, suicide, or homicide?			
17. INFORMANT Jouis R. M. (Address) Mt. Wilson	huerho.	ly	Specify whether injury occurred in INDUSTRY, in HOI	town, county and State) ME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Placo MC Oline Com.	Date 4/29	/35_,19	Manner of injury			
19. UNDERTAKER J. a. Thanks (Address) To S. Hanny	e + Son		24. Wes disease or injury in any way related to occupa	tion of deceased? No		
20. FILED. Haril 19., 1935	3.3.	Thehuls	(Signed) John Wilson	Maryland M.D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1 1000		
Muy 1,1825	androemerms	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

, Physician, Compositor, Architect, sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits ean be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Spinner, (b) Collon tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Forenun, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm leborer, Leborer-Coal mine, etc. Womwithout more precise specification as Lay For persons who have no occupation (b) Automobile factory. The material mill; (a) Salesman. Locomotive engineer, (b) Grocery;

Statement of Gause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere brospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Mcasles (disease as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," "Haemorruage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonacum, etc., Carcinoma, Sarcona, etc., of approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; (name origin; "Caneer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Committee on Chronic valvular heart affection etc. Nomenclature The contributory need discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A .Ithe data is ossential and must be obtained before the certificate is permanently filed.



OCCUPA

3. SEX

7. AGE

OCCUPATION

plnods

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? _____yrs.____mos.____ds.

(a) Residence: No.

If nonresident give city or town and State

Oate of onset

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 21. DATE OF 5. SINGLE, MARRIED WIDOWED,

OR DIVORCED (write the word)

(Usual place of abode)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Length of residence in city or town where deeth occurred

Days If LESS than I day hrs. or min.

8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.....

Months

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.

10. Date deceased lest worked at this occupation (month and 11. Total time (yeers) occupation ...

12. BIRTHPLACE (city or town) (State or country)

FATHER 13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

16. BIRTHPLACE (city or town) (State or country

18. BURIAL CREMATION, OR

(Address)

(Month) (Day) (Yeer) That J attended deceased from

What test confirmed diegnosical

. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Dete of injury____

Where did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury In any way related to occupation of deceased?

If so, specify. (Address) ____

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. z.

Nature of injury

-WRITE CAUSE mation

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1 dept.	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MAY 7 1020	July 5,1927	Peritonitis	3 days ago
	L DUE HATTER			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH	3869
1. PLACE OF DEATH County Baltimine	Registration Dist. No.	
Village or City. Lans down	No. St.,St.,	
2. FULL NAME Forces C Wellman (a) Residence: No. Ransdowne	St., Ward.	
(Usualplace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED ("grite the word) Wildowed	21. DATE OF DEATH April 10 (Month) (Day)	, 193 Z
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Thanks Heing	22. I HEREBY CERTIFY, That I attended Dec 19 3/ 10 april /0	deceased from
6. DATE OF BIRTH (month, day, and yeer) Jan 17 - 1845		; death is said
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	Date of enset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation this second in this occupation).	apoplexy	Dec. 193
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date decaased last worked at this occupation (month and 1912 11. Total time (yeers) spant in this occupation 46 yr.		
12. BIRTHPLACE (city or town) Indiana (State or country)	Other Contributory Causes of importance:	
13. NAME WILLIAM -	Endocardites	1930
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of	utonev?
15. MAIDEN NAME	23. If daath was dua to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accidant, sulcide, or homicide? Date of injury Whare did injury occur?	
17. INFORMANT Melvin Wellman (Address) Kanadonne	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	OCE.
18. BURIAL, CREMATION, OR REMOVAL Place Jalana Hare Data 4/11/379	Manner of injury	
19. UNDERTAKER Hary H. W. 19. 20. FILED April 1. 132 Les Marker Registrer.	24. Was disease or Injury In any way related to occupation of dacaased? If so, specify (Signed) (Address) Jacobson,	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	,	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	,	SECHIVED.	
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

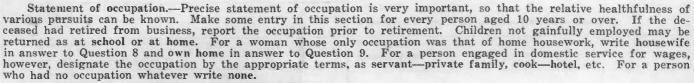
V. S. No. 1

(Addrass)

STATE (OF MARY	YLAND-	CERTIFICATE OF DEATH	3870
7 74:			23	2
			Registration Dist, No. Mt. Wilson Branch, Md. No. Tuberculosis Sanatorium St., f death occurred in a hospital or institution, give its NAME instead of street and	
Village or City Mt. Wils		(1	NoTuberculosis Sanatorium St.,	Ward
Length of residence in city or town where	a daath occurred	1_yrs10mos	s. O ds. How long in U.S. if of foreign birth? yrs. Born in Maryland.	nosds.
2. FULL NAME Cathe	rine Whi	te	sorn in Maryland.	
(a) Residence: No. Reist			St Ward.	
	(Usual place of	of abode)	If nonresident give city or town ar	d State
PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color or race White		RIED, WIDOWED, (write the word) ried	21. DATE OF DEATH April 18th (Month) (Day)	, 193_2 (Yaar)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown			22. I HEREBY CERTIFY, That Lattanda June 18th, 1930 to April 18t	h , 19 32
DATE OF BIRTH (month, day, and year)	1		Hast saw her_alive on_April 18th, 1932	; death is said
AGE Years Months	Days 7	if LESS than I day,hrs.	to have occurred on the date stated above, at 150P.m.	
30 9	/	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wera as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased in worked at this occupation from the second in this part			Pulmonary tuberculosis	Dec.
work was dona, as SILK MILL, SAW MILL, BANK, atc	11. Total tir	me (years) t in this pation		
	0000	P 11011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)	yland.		None	
			1.0440	
			Name of operation No operation Data of	
14. BIRTHPLACE (city or town) Mar	yland.		What test confirmed diagnosis? X-ray; and Was there and	
	Tinkler		23. Il daath was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Laura Tinkler 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANTATION A. Johnson, Md. (Address) Mt. Wilson, Md.			Accidant, suicide, or homicide? Data of injury Whara did injury occur?	
			(Specify city or town, county and St Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ste) LACE.
8. BURIAL, COMATION, OF REMOVAL Place Due Part M	M. Data aprin	12/1932	Mannar of injury	
Mrs. B.	34 4	1001	26 Was disease as in turn in any stand to the stand of th	No

Registrar.

If so, specify (Signed).



To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

USE OF DEATH in plain terms, so that it may

tion should be carefully supplied.

H

WRITE PLAINLY,

certificate.

of

See instructions on back

ION is very important.

19. UNDERTAKER

20. FILED 4

.. (Address)

of OCCUPA-

Exact statement

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03871
1. PLACE OF DEATH	
County Balbunove	Registration Dist. No. 3
Village or City Thurston	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Peter Wille	elear
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white widower	(Month) (Day) (Year)
HUSBAND of Martha E Willelin	22. I HEREBY CERTIFY. That I attended deceased from 4/257, 1932, to 4/25 TL, 1932
6. DATE OF BIRTH (month, day, and year) Get 3-185-1	I last saw h elive on 4/27/ ,19.32; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 2 _ O m.
80 6 25 or min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SP(NNER)	0 1 10
SAWYER, BOOKKEEPER, dc	2 abar Premoun 4/25/32
Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this Soyus	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary Leurs	
13. NAME David Wilhelia	21 22 3 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4
14. BIRTHPLACE (city or towa) Mary level (State or country)	Name of operation Date of
15. MAIDEN NAME Managest Horres	What test confirmed diegnosis? Was there an autopsy?
	23. If death was due to external causes (VIDL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) Way Level	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT John H Williehm (Address) upperso med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CHAMATION, OR REMOVAL	Manner of Injury
Place Gruse alung Date / 30, 1932	Neture of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

24. Was disease or Injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, it any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1009 A 1009	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAIT V.S	July 5,1927	Peritonitis	3 days ago	
	*				
Other contributory ca	nuses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	PLACE OF DEATH		STATE OF	WARVI 03872
C	County Ballinge	93-0	CERTIFICATE	
		0	Registration	Diet. No. 3
Vill	2 FULL NAME Enna Rosanna	Lenos ar W Olia	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- etend of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEC	ICAL CERTIFICATE	OF DEATH
8 8	Jemal Color or RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEA	4-/6 (Month)	(Day) , 19 9 2
6 1)	ATE OF BIRTH	HEREB	1.4193, 2., to4.	ttended the decensed from
	Feb. 17 1863	that I last saw is	1/-	16 1032.
7 AC	(Month) (Day) (Year)	and that death oc	curred on the data state	ed above, at 6 P. m.
	69 yrs. mos. 2 ds. or min.?	The CAUSE OF D	EATH & was as follows:	itis
(b	CCUPATION a) Trade, profession or articular kind of work. b) General nature of industry usiness, or establishment in		(Duration)	vrs. 7 de.
-	hich employed or (employer)	Contributory	Bronehi	tto'
	(State or country) Now marylet md	seconatry	(Duration)	yrsmoz. — 7. da
RENTS	10 NAME OF FATHER Jaylson 11 BIRTHPLACE OF FATHER (State or country) Nowmaylet md 12 MAIDEN NAME	*State the Violent Causes	2.2 (Address)	M. Street M.D. n. or, in deaths from lury; and (2) whether
PA	OF MOTHER Unform	ients, or Recent	Residents)	pitals, Institutions, Trans-
	(State or country) Unplower	At place of deathyrs.		
14 T	(Informant) . Suppose the BEST OF MY KNOWLEDGE	Where was disease cor if not at place of death Former or usual residence		
	(Address) 302 Lengs are	Please of Bu	RIAL OR REMOVAL	DATE OF BURIAL
15 F	iled Whil 19 1912 Am P. Bullix Registrar	20 UNDERTAKER	G. Eller	ADDRESS / -172-5

U more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Mealth Association.)

gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, laborer. Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. at litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil eagineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsta: · occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occ pations business, that fact may be indicated thus: Farmer (re Housemaid, etc. If the occupation has been changed w. . atever, write None. t: 'ed 6 yra.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) of persons en-The material

RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on "head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for mallgnant neoplasms);(name origin; "Cancer" is less definite; avoid myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age." "Shock," Chronic interstitial nephritis, etc. The contributors Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicuemia." "Puerperal peritonitis," "Uraemla," "Weakness." etc., when a definite disease "Dregsy," "Exhaustion." "Heart failure." "Haemor vulsions." (secondary or intercurrent) affection need not be Whooping cough; ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The un-Examples: Accidental drowning; Struck by railway FOR VIOLENT DEATHS STATE MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; Example: Measles "Coma," Measles; (second-(disease "Con-

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

syery important. See instructions on back of certificate.

M

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Dalla	Registration Dist. No.
Village or City Thoening	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos 2. FULL NAME Susanna. Magdel	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The state of the state o	21. DATE OF DEATH Unil 20 , 1932. (Year)
HUSBAND of Therery a below	22. CHEREBY CERTIFY. That I attended deceased from 132, to Copin 22, 1931
6. DATE OF BIRTH (month, dey, and yeer) World 5-1860	I last faw her alive on Wor. 117, 1937; deeth is sa
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to heve occurred on the date states above, at #1.0 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or perticular kind of work done, es SPINNER, Fousework SAWYER, BOOKKEEPER, etc.	were es follows: Date of onse Date of onse
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and this progretion (month and specific progretion).	Storme Mulfler
To. Dato deceased last worked at this occupetion (month and year)	Mental deformin about
12. BIRTHPLACE (city or town) Ballinson (State or country)	Other Coutributory Causes of importance:
13. NAME Joliu Daniel Therebeck.	
14. BIRTHPLACE (city or town). (Stete or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARY C. Hershulaus	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary C. Tershulaw 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Powerca At ilson, (Address) Phoenist, Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LIBERT Place Med Tour Trees Post 25, 132	Manner of Injury
19. UNDERTAKER Harfaystay Y Uchromaker	24. Was disease or injury In any way related to occupetion of deceased? Mo
20. FILED WANGE 3., 193 03 P. Bring Registrar.	(Signed) (Signed) (Address) Lexax May
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation; as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car 11 8 1 DVIEL	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 2 1835	
Other contributory causes of importance:		Other contributory causes of importance:	41
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1 02

99

H		r, PHYS
	RECORD	ed EXACTL
ED FOR BINDING	HIS IS A PERMITENT RECORD	viled. ACE should be stated EXACTLY, PHYS ms so that it may be properly classified. Exanstructions on back of certificate.
TOR E	IS A F	ACE so that
0	HIS	ms s nstr

- 5

PLACE OF DEATH	STATE OF MARYLA
County Balta,	CERTIFICATE OF DE
1100000	Registration Dist. No.
Village or City Slevarum (No. 2FULL NAME GLOVES TO Y	St.: Ward) (If death a hospital tion, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holor or RACE SINGLE, MARRIED, Manuel WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CALL (2 (Month) (Day)
6 DATE OF BIRTH Way 23, 1845	I HEREBY CERTIFY, That I attended the d
(Month) (Day) (Year) 7 AGE [If LESS than]	and that death occurred on the date stated above, at
86 yrs. 10 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Patricular kind of work Returned Farmer	Geard)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs1
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF STATE OF S	(Signed). Ches Burn
M 11 BIRTHPLACE OF FATHER	all 1982 (Address) King will
OF FATHER (State or country) 12 MAIDEN NAME	"*State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal.
of MOTHER Javal & Maulsby	18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Duloney Jellott	Former or usual residence
(Address) Glenarm Wid.	Frinty P. E. Church april

MARYLAND

OF DEATH

...(Day) (Year)..... nded the deceased from

(If death occurred In a hospital or institu-tion, give its NAME Ir-stead of street and number.)

als, Institutions, Trans-

in deaths from and (2) Whether

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

200

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocshould be used only when necded. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken whatever, write Nonc. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material for many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-MASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death stated unless important. Example: Measles (disease American Medical Association.) eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) affection need Whooping cough; earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all qu stions and vered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important.

	tem of infor-	of OCCUPA-
	H UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	ain terms, so that it may be properly classified. Exact statement of OCCUPA-See instructions on back of certificate.
NDING	EMANENT RE	lassified. Exa
D FOR BI	IS IS A PER	e properly c
MARGIN RESERVED FOR BINDING	VG INK—TH	ain terms, so that it may be properly See instructions on back of certificate.
MARGIN	H UNFADIN	ain terms, so See instruction

STATE OF MARYLAND—	CERTIFICATE OF DEATH	,5658
1. PLACE OF DEATH	(22-a)	100
County Ballimore	Registration Dist. No.	5
Village or City Parseville (II	No. / Satch ave, St., f death occurred in a hospital or institution, give its NAME instead of street and to	Ward
Length of residence In city or town where death occurredyrs	s. 12 ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Mary Bimmer	n	
(a) Residence: No. #/ Suth ave	. St., Ward. Ff nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 18 (Day)	, 193 (Year)
5a. If married, widowed, or divorced WYSBAND of (or) WIFE of George Girmnerer	22. I HEREBY CERTIFY, That I attended affil 17, 1932, to april 18	deceased from
6. DATE OF BIRTH (month, day, and year) MAY 26 1858	0000	; death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 9.408.m.	, 400311 15 0010
73 4 22 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or posticular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Himiplegia du lo	1/17/32
9. Industry or business in which work was done, as SILK MILL Returns SAW MILL, BANK, etc.	aporplesse	4/17/2
this occupation (month and le 3) 11. Total time (years) spent in this year)	and the second	
12. BIRTHPLACE (city or town) Ballinge (State or country)	Other Contributory Causes of Importance:	
13. NAME Wm. Hinfselman 14. BIRTHPLACE (city or town). Unknown	· · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE (city or town). Unknown	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an a	utopsy?_740
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT W. Zjimmerer (son (Address) # / Satch ave. Parkville	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Compate 4/21, 1932	Manner of injury	
19. UNDERTAKER Henry Hoech& Sons, Inc.	24. Was disease or Injury In any way related to occupation of deceased?	10
20, FILED 4/19 1932 G. W. Bacon	(Signed) A. M. Bacow	M. D.
Registrar.	(Address) 2810 Laylor ave. Homes	6-0,0

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN